

2002 UNIFORM BUSINESS REPORT (UBR)

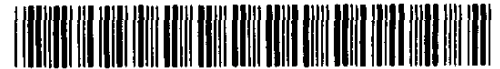
**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90024 009 \*\*\*150.00

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**DOCUMENT # P98000060933**  
 1. Entity Name  
**PALM BAY PEDIATRICS, INC.**

Principal Place of Business 1421 MALABAR RD NE SUITE #210 PALM BAY FL 32907 US	Mailing Address 1421 MALABAR RD NE SUITE #210 PALM BAY FL 32907 US
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2. Principal Place of Business <i>775 Malabar Rd</i>	3. Mailing Address <i>775 Malabar Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Malabar FL</i>	City & State <i>Malabar FL</i>	4. FEI Number <b>59-3520087</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32950</i>	Country <i>Broward</i>	Zip <i>32950</i>	Country <i>Broward</i>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  JONES, RICHARD O 1250 W. EAU GALLIE BLVD., STE. J MELBOURNE FL 32935		7. Name and Address of New Registered Agent Name <i>Jesse Mary B</i> Street Address (P.O. Box Number, is Not Acceptable) <i>930 S. Harbor City Blvd.</i> <i>Suite 505</i> City <i>Melbourne</i> FL Zip Code <i>32901</i>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* 3/19/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEEDY, DORIS M</b> 1421 MALABAR RD NE, STE #210 PALM BAY FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>775 Malabar Rd</i> <i>Malabar FL 32950</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/19/02 321-722-8435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)