2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

MAME STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 ITILE D SPEARMAN, DAN R STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 ITILE D SPEARMAN, DAN R STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 ITILE D DELLINGER, CHARLES T STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 ITILE D DELLINGER, CHARLES T STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 ITILE D STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 ITILE D STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 ITILE D STREET ADDRESS CITY-ST-ZIP ITILE D STREET ADDRESS CITY-ST-ZIP ITILE D STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # P98000075 PARK PEDIATRIC ASSOC		A STATE OF THE STA	04-11-2007	90021 0	14 ***158	3.75		
Suite, Apt. #, etc. Suite, Apt. #, etc. D4032007 Chg. P CR2E034 (12/06)	2140 SMITH ST		% DAVID A. KING, ESQ. 1416 KINGSLEY AVE.		ļu.		 	 	1188 Eliof Itioa in	
City & State City & State City & State City & State Country Country Country State Coun	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
2p	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032007	Chg-P	CR2E0	34 (12/06)	
S. Cerricate of status beared Fee Required	City & State		City & State							·
Name	Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	×		
KING, DAVID A 1416 KINGS LEY AVE. ORANGE PARK, FL 32073 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 Rorida. Tam familiar with, and account of the obligations of registered agent. **FILE NOWIII FEE IS \$150.00 **After May 1, 2007 Fee will be \$550.00 **OFFICERS AND DIRECTORS** 10. OFFICERS AND DIRECTORS** 10. OFFICERS AND DIRECTORS** 10. OFFICERS AND DIRECTORS** 10. OFFICERS AND DIRECTORS** 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. ADDITIONS/CHANGES TO OFFICER		6. Name and Address of Current	Registered Agent			7. Name and A	Address of New R	egistered .	Agent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Code City FL Zip Code Code Code Code City FL Zip Code Code Code Code Code City FL Zip Code Code Code Code Code Code City FL Zip Code					Name					
B. 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. I am familiar with, and accelerate the obligations of registered agent. Signature, broad or printed name of registered agent and little registerable. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAKE VOOLWINE, RHONDA L STREET ADDRESS CITY-SI-2P ORANGE PARK, FL 32073 TITLE D SPEARMAN, DAN R STREET ADDRESS CITY-SI-2P ORANGE PARK, FL 32073	1416 KINGSLEY AVE.				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature, Incender printed name of registered agent and life / explicable. (NOTE Registered Agent appraiser recursed when narricatarray) DATE				City		<u> </u>		FL	Zip Cod	9
Signature, lyoned or printed rame of registered agent and will - explicable. NOTE Registered Agent signature recision or when neinstancy S.5.00 May Be Added to Fees	the obligat	ions of registered agent.		s registere	ed office or regis	tered agent, or both	n, in the State of Flo	orida. Lam	familiar with,	and accept
## After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees		Signature, typed or printed name of registered agent	and title if applicable. (NO)	TE Registere	d Agent signature requi	ired when reinstating)		DATE		
TITLE										
NAME SITREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 ITILE ORANGE PARK,	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 TITLE NAME DELLINGER, CHARLES T 2140 SMITH ST. ORANGE PARK, FL 32073 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ORANGE PARK, FL 32073 TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	WOOLWINE, RHONDA L 2140 SMITH ST.	☐ Delete	NAM STRE	E ET ADORESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 TITLE NAME GEHRET, RICHARD G STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	SPEARMAN, DAN R 2140 SMITH ST	☐ Delete	NAM! STRE	E Et address				☐ Change	☐ Addition
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	NAME Street address		☐ Delete	NAM. STRE	e Et address					Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

GNATURE:

#3/07 (404) 269-2145

SIGNATURE AND TYPED OR PRINTEDMANE OF SIGNING OFFICER OR DIRECTOR SIGNATURE: X

4/3/07 (904) 269-2145