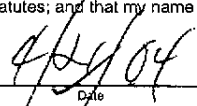


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000092952</b>			
1. Entity Name CHILDREN'S SPECIALISTS OF FLORIDA, P.A.			
Principal Place of Business 6350 PRESIDENTIAL COURT, STE 200 FORT MYERS, FL 33919		Mailing Address 6350 PRESIDENTIAL CT STE 200 FORT MYERS, FL 33919 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04092004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0873807	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  ALEA, OSCAR A M.D. 15216 BAHIA CT FORT MYERS, FL 33908			<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	STD		
NAME	REED, CARL M M.D.		
STREET ADDRESS	11991 ROSEMONT DRIVE		
CITY - ST - ZIP	FORT MYERS, FL 33913		
TITLE	D		
NAME	ALEA, OSCAR A M.D.		
STREET ADDRESS	15216 BAHIA CT		
CITY - ST - ZIP	FORT MYERS, FL 33908		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.			
<b>SIGNATURE:</b> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	