


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90189 042 \*\*\*150.00

|                                                     |                                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000101740</b>                      |  |
| <b>1. Entity Name</b><br>PEDIATRIC HEALTHCARE, INC. |                                                                                   |

|                                                                                      |                                                                              |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>1600 S. FEDERAL HWY.<br>POMPANO BEACH FL 33062 | <b>Mailing Address</b><br>ATTN: TAX DEPT.<br>PO BOX 15309<br>DURHAM NC 27704 |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

|                                                                |                           |
|----------------------------------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b><br>2828 CROASDAILE DRIVE | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                            | Suite, Apt. #, etc.       |
| <b>City &amp; State</b><br>DURHAM, NC                          | <b>City &amp; State</b>   |
| <b>Zip</b><br>27705                                            | <b>Country</b><br>USA     |



MOORE CR2E034 (11/03)

|                                                                  |                                                               |
|------------------------------------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>56-2114644                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                         |

|                                                                                                                                   |                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br>CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD.<br>PLANTATION FL 33324 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |                                                                                                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                                                                   |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br>SD         | <b>NAME</b><br>CAMPBELL, DONNA<br><b>STREET ADDRESS</b><br>1600 S. FEDERAL HWY., STE 300<br><b>CITY-ST-ZIP</b><br>POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete               | <b>TITLE</b><br>PD                                    | <b>NAME</b><br>STEPHEN J. DRESNICK, M.D.<br><b>STREET ADDRESS</b><br>2828 CROASDAILE DRIVE<br><b>CITY-ST-ZIP</b><br>DURHAM, NC 27705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>PD         | <b>NAME</b><br>MOFFITT, M. CATHARINE MD<br><b>STREET ADDRESS</b><br>1600 S. FEDERAL HIGHWAY, SUITE 300<br><b>CITY-ST-ZIP</b><br>POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>VS                                    | <b>NAME</b><br>EUGENE F. DAUCHERT JR<br><b>STREET ADDRESS</b><br>2828 CROASDAILE DRIVE<br><b>CITY-ST-ZIP</b><br>DURHAM, NC 27705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| <b>TITLE</b><br>VD         | <b>NAME</b><br>PODOLSKY, SHERMAN MD<br><b>STREET ADDRESS</b><br>1600 S. FEDERAL HIGHWAY, SUITE 300<br><b>CITY-ST-ZIP</b><br>POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete     | <b>TITLE</b><br>V                                     | <b>NAME</b><br>TAMMY DAVIS<br><b>STREET ADDRESS</b><br>2828 CROASDAILE DRIVE<br><b>CITY-ST-ZIP</b><br>DURHAM, NC 27705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| <b>TITLE</b><br>T          | <b>NAME</b><br>GUDINAS, PAT<br><b>STREET ADDRESS</b><br>1600 S. FEDERAL HIGHWAY, SUITE 300<br><b>CITY-ST-ZIP</b><br>POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete             | <b>TITLE</b><br>T                                     | <b>NAME</b><br>EILEEN E. SPOON<br><b>STREET ADDRESS</b><br>2828 CROASDAILE DRIVE<br><b>CITY-ST-ZIP</b><br>DURHAM, NC 27705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| <b>TITLE</b><br>NAME       | <b>STREET ADDRESS</b><br>CITY-ST-ZIP <input type="checkbox"/> Delete                                                                                                                              | <b>TITLE</b><br>NAME                                  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |
| <b>TITLE</b><br>NAME       | <b>STREET ADDRESS</b><br>CITY-ST-ZIP <input type="checkbox"/> Delete                                                                                                                              | <b>TITLE</b><br>NAME                                  | <b>STREET ADDRESS</b><br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                            |

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Eugene F. Dauchert Jr **EUGENE F. DAUCHERT JR** 4/8/04 919-383-0355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #