2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000101740

1. Entity Name
PEDIATRIC HEALTHCARE, INC.

Principal Place of Business	Mailing Address
1000 PARK FORTY PLAZA DURHAM, NC 27713	1000 PARK FORTY PLAZA DURHAM, NC 27713

04192007   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
1000 PARK FORTY PLAZA	1000 PARK FORTY PLAZA		
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500		
City & State DURHAM NC	City & State DURHAM, NC	**4.** FEI Number 56-2114644	Applied For / Not Applicable
Zip 27713	Country	Zip 27713	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

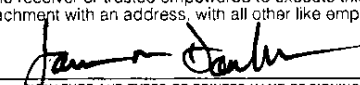| 6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUCHERT, EUGENE F JR 1000 PARK FORTY PLAZA, SUITE 500 DURHAM, NC 27713	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO / PRESIDENT ROBERT J. BUNKEL 1000 PARK FORTY PLAZA, STE 500 DURHAM, NC 27713	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPOON, EILEEN E 1000 PARK FORTY PLAZA, SUITE 500 DURHAM, NC 27713	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / SECRETARY JOEL P. McMAINS Same Address Above	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / CFO JAMES. M. DOUTHITT Same Address Above	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIMBERLY A. LICATA Same Address Above	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100104425901 06/15/07--01025--025 **2400.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 like empowered.

SIGNATURE: _____   4-23-07   919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #