
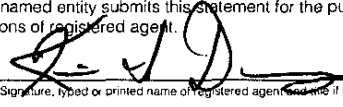
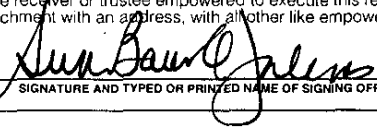


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90023 001 \*\*\*150.00

<b>DOCUMENT # P99000068419</b>					
1. Entity Name ISLAND PEDIATRICS, P.A.					
Principal Place of Business 3790 7 TERRACE SUITE 102 VERO BEACH, FL 32960			Mailing Address 3790 7 TERRACE SUITE 102 VERO BEACH, FL 32960		
2. Principal Place of Business 960 37th Place Suite, Apt. #, etc. Suite 101		3. Mailing Address 960 37th Place Suite, Apt. #, etc. Suite 101		 02032004    Chg-P    CR2E034 (10/03)	
City & State Vero Beach, FL 32960-6586		City & State Vero Beach, FL 32960-6586			
Zip	Country	Zip	Country	4. FEI Number 59-3593054	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RAPPEL, ROBERT DOUG 5070 N HWY A1A, SUITE 221 VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Kevin I. Downey Street Address (P.O. Box Number is Not Acceptable)  2631 NW 41st St., Suite B-2 City Gainesville    FL    Zip Code 32606		
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 		Kevin I. Downey		2/5/04	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D O'TOOLE, SUSAN BAUER 2502 PINE AVENUE VERO BEACH, FL 32960	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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: 		Susan Bauer O'Toole		2/5/04    772-562-5662	
Signature and typed or printed name of signing officer or director				Date    Daytime Phone #	