

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094346

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** PEDIATRIC ALLIANCE OF NORTHWEST FLORIDA, P.A.

**Current Principal Place of Business:**

5153 NORTH NINTH AVE  
SUITE 300  
PENSACOLA, FL 32504

**New Principal Place of Business:**

204 CENTER ROAD  
GULF BREEZE, FL 32561

**Current Mailing Address:**

PO BOX 459  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 59-3605646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RENFROE, J. BENJAMIN  
224 NORTHCLIFF DRIVE  
GULF BREEZE, FL 32561

**Name and Address of New Registered Agent:**

RENFROE, ROBIN P  
224 NORTHCLIFF DRIVE  
GULF BREEZE, FL 32561

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.

SIGNATURE: ROBIN P RENFROE MD

04/29/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RENFROE, J. BENJAMIN M.D.  
Address: 224 NORTHCLIFF DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition  
Name: RENFROE, ROBIN P M.D.  
Address: 224 NORTHCLIFF DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN P RENFROE MD

MD

04/29/2004

Electronic Signature of Signing Officer or Director

Date