

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000094346

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

204 CENTER ROAD  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 459  
GULF BREEZE, FL 32562

**New Mailing Address:**

102 BAYBRIDGE DR  
GULF BREEZE, FL 32561

**FEI Number:** 59-3605646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

RENFROE, ROBIN P  
102 BAYBRIDGE DR  
GULF BREEZE, FL 32561 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/05/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: RENFROE, ROBIN P M.D.  
Address: 102 BAYBRIDGE DR  
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: ROBIN P RENFROE MD

MD

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date