


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90396 010 ***150.00

DOCUMENT # P99000094346

1. Entity Name
PEDIATRIC ALLIANCE OF NORTHWEST FLORIDA, P.A.



Principal Place of Business
5153 NORTH NINTH AVE
SUITE 300
PENSACOLA FL 32504

Mailing Address
PO BOX 459
GULF BREEZE FL 32562



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3605646** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RENFROE, J. BENJAMIN 224 NORTHCLIFF DRIVE GULF BREEZE FL 32561		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 _____ DATE 3-4-03

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D RENFROE, J. BENJAMIN M.D. 224 NORTHCLIFF DRIVE GULF BREEZE FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED DATE 3-4-03 DAYTIME PHONE # 850-484-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR