2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099733

Entity Name: FIRST COAST PEDIATRICS, P.A.

1340 S. 18TH ST., STE 104

FERNANDINA BCH, FL 32034

Address:

City-St-Zip:

FILED Sep 02, 2005 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	BTH ST., SUITE DINA BCH, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	STH ST., SUITE DINA BCH, FL				
FEI Number	: 59-3607886	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	MARIO M RBLE EGRET IVILLE, FL 322		SABBAN, MARIO M 86229 NORTH HAMP FERNANDINA BEACH		
	named entity se of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				09/02/2005	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no 1 Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PRES () MARRERO, CA 1340 S. 18TH S FERNANDINA E	T., SUITE 104	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SABBAN, ELMA 1340 S 18TH S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () MARRERO, RO 1340 S. 18TH S FERNANDINA E	T., SUITE 104	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA () SABBAN, MARI	Delete O M	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARIO SABBAN SEC 09/02/2005