2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P99000099733

Entity Name: FIRST COAST PEDIATRICS, P.A.

Current Principal Place of Business:

1463 NECTARINE STREET
FERNANDINA BCH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1463 NECTARINE STREET
FERNANDINA BCH, FL 32034

New Mailing Address:

FEI Number: 59-3607886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SABBAN, MARIO M
86229 NORTH HAMPTON CLUB WAY
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MARRERO, CARMITA
Address: 1463 NECTARINE STREET
City-St-Zip: FERNANDINA BCH, FL 32034

Title: VP ( ) Delete
Name: SABBAN, ELMARIE S DR
Address: 1463 NECTARINE STREET
City-St-Zip: FERNANDINA BCH, FL 32034 US

Title: SEC ( ) Delete
Name: MARRERO, ROBERT
Address: 1463 NECTARINE STREET
City-St-Zip: FERNANDINA BCH, FL 32034

Title: TREA ( ) Delete
Name: SABBAN, MARIO M
Address: 1463 NECTARINE STREET
City-St-Zip: FERNANDINA BCH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARIO SABBAN TREA 04/25/2008

Electronic Signature of Signing Officer or Director — Date