

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90001 048 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **V35579**

PEDIATRIC CARE GROUP, P.A.



Principal Place of Business: SEMORAN BLVD., SUITE E, ORLANDO FL 32807  
 Mailing Address: 1140 S. SEMORAN BLVD., SUITE E, ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

25 Country: [ ] Zip: [ ]  
 26 Mailing Address: [ ]  
 27 Suite, Apt. #, etc.: [ ]  
 28 City & State: [ ]  
 29 Zip: [ ]  
 30 Country: [ ]

3. Date Incorporated or Qualified: **05/12/1992**  
 4. FEI Number: **59-3128808**  
 5. Certificate of Status Desired: [ ] **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: [ ] **\$5.00** May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent  
**SILVA, MIGUEL ANGEL**  
**1140 S. SEMORAN BLVD**  
**SUITE E**  
**ORLANDO FL 32807-1457**

10. Name and Address of New Registered Agent  
 81 Name: [ ]  
 82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
 83 [ ]  
 84 City: [ ] State: **FL** 85 Zip Code: [ ]

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **9-08-99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS ZIP	<b>D</b> SILVA, MIGUEL ANGEL 1140 S. SEMORAN BLVD SUITE E ORLANDO FL [ ] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
ADDRESS ZIP	[ ] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
ADDRESS ZIP	[ ] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
ADDRESS ZIP	[ ] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
ADDRESS ZIP	[ ] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
ADDRESS ZIP	[ ] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

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 annual report or supplemental annual 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **9-08-99**

CR2E034 (5/99)