

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000094346

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

**Current Principal Place of Business:**

204 CENTER ROAD  
GULF BREEZE, FL 32561

**Current Mailing Address:**

204 CENTER RD  
GULF BREEZE, FL 32561 US

**FEI Number:** 59-3605646

**Certificate of Status Desired:** No

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

RENFROE, ROBIN P MD  
2520 EDWINA CT  
GULF BREEZE, FL 32563 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:** ROBIN P RENFROE MD

09/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MD  
Name RENFROE, ROBIN P MD  
Address 204 CENTER RD  
City-State-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

09/08/2016

Electronic Signature of Signing Officer/Director Detail

Date