Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90146 047 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061136

1. Corporation Name

WEST ORANGE COUNTY PEDIATRICS, INC.

Principal Place of Business	Mailing Address			}			
1287 N SEMORAN BLVD	1287 N SEMORAN BLVD						
SUITE #100	SUITE #100			DO NOT W	RITE IN THIS	CDACE	
ORLANDO FL 32807 .	ORLANDO FL 32807 US			Date Incorporated or Qualife		SPACE	
US	03			07/19/1996	•		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			plied For
- i '	<u> </u>			59-3399951		-	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.						Additional
¬	27			5. Certifcate of Status Desired		,	equired
22 City & State	City.& State				n	-\$5.00	May Re-
23	28			Trust Fund Contribution	"		to Fees
Zip Country	Zip	Country		8. This corporation owes the cu	rrent vear Inte	andible	
24 25		30		Personal Property Tax.		Yes	□No
9. Name and Address of Current		<u> </u>		10. Name and Address of New	Registered	Agent	
3		81	Name	DURAN, GERMAN	5 MP)	
Duran, Gerardo M M.D.		-	0: 11:				
6388 SILVER STAR ROAD		82	Street Add	dress (P.O. Box Number is Not Accept 12 & 7 N. Semoral	4 (5)04		I
ORLANDO FL 32818		83					
		L	<u></u>	SK 100			
		84	City	o bxnoo	FL	85 Zip	Code 2867
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Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations.	of Florida. Such change was at	uthorized by	the comora	rporation submits this statement for the tition's board of directors. I hereby acc	ne purpose of ept the appoil	changing its ntment as re	registered egistered
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14. 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 nustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: