


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90435 031 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P96000061136</b>                        |  |
| 1. Entity Name<br>WEST ORANGE COUNTY PEDIATRICS, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>1287 N SEMORAN BLVD<br>SUITE #100<br>ORLANDO, FL 32807 US | Mailing Address<br>1287 N SEMORAN BLVD<br>SUITE #100<br>ORLANDO, FL 32807 US |
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|--|--|
| 2. Principal Place of Business<br>7148 Curry Ford rd sk 200<br>Suite, Apt. #, etc.<br>sk 200 | 3. Mailing Address<br>7148 Curry Ford rd sk 200<br>Suite, Apt. #, etc.<br>sk 200 |
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01102005 Chg-P CR2E034 (10/03)

|                            |                            |
|----------------------------|----------------------------|
| City & State<br>Orlando FL | City & State<br>Orlando FL |
|----------------------------|----------------------------|

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3399951 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|              |                |              |                |
|--------------|----------------|--------------|----------------|
| Zip<br>32822 | Country<br>USA | Zip<br>32822 | Country<br>USA |
|--------------|----------------|--------------|----------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>DURAN, GERARDO M M.D.<br>1287 N. SEMORAN BLVD<br>STE 100<br>ORLANDO, FL 32807 |  |
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|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name: DURAN, GERARDO<br>Street Address (P.O. Box Number is Not Acceptable):<br>7148 Curry Ford rd sk 200<br>City: ORLANDO FL Zip Code: 32822 |  |
|---|--|

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: *Gerardo M Duran*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS            |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---------------------------------------|---------------------------------|---|---|
| TITLE<br>D                            | <input type="checkbox"/> Delete | TITLE<br>Duran, Gerardo M M.D                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>DURAN, GERARDO M M.D.         |                                 | NAME<br>Duran, Gerardo M M.D                          |   |
| STREET ADDRESS<br>1287 N SEMORAN BLVD |                                 | STREET ADDRESS<br>7148 Curry Ford rd sk 200           |   |
| CITY-ST-ZIP<br>ORLANDO, FL 32807      |                                 | CITY-ST-ZIP<br>ORLANDO, FL 32822                      |   |
| TITLE                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                  |                                 | NAME  |   |
| STREET ADDRESS                        |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                           |                                 | CITY-ST-ZIP   |   |
| TITLE                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                  |                                 | NAME  |   |
| STREET ADDRESS                        |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                           |                                 | CITY-ST-ZIP   |   |
| TITLE                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                  |                                 | NAME  |   |
| STREET ADDRESS                        |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                           |                                 | CITY-ST-ZIP   |   |
| TITLE                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                  |                                 | NAME  |   |
| STREET ADDRESS                        |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                           |                                 | CITY-ST-ZIP   |   |

12. 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 report or supplemental 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: *Gerardo M Duran* Date: *JAN 12 2005* Daytime Phone #: *407 2731357*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR