2006 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P96000061136** 1. Entity Name WEST ORANGE COUNTY PEDIATRICS, INC. Principal Place of Business Mailing Address 4001 7148 CURRY FORD ROAD 7148 CURRY FORD ROAD SUITE 200 SUITE 200 ORLANDO, FL 32-8228 US ORLANDO, FL 32-8228 US No Chg-P 01142006 DO NOT WRITE IN THIS SPACE 4. FEI Number DURA

MATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90425 028 ***150.00

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CR2E034 (11/05)

4072731357

Applied For

			29-33	19901	[Not Applicable	
			5. Certificate	of Status Desired	See Required	
6. Name and Address of Current Regis	stered Agent	• • •				
DURAN, GERARDO M M.D. 7148 CURRY FORD ROAD SUITE 200 ORLANDO, FL 32832		DO NOT WRITE IN THIS SPACE				
The above named entity submits this statement for the the obligations of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florid	a. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			d Agent signature required when reinstating) OATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRE	CTORS			1		
TITLE DURAN, GERARDO M M.D. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	00			NOT WE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the regioner or trustee empowere	filing does not qualify for the exem	ptions co	ntained in Chapter 11	9, Florida Statutes. I fur	ther certify that the information	