


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90246 042 \*\*\*150.00

**DOCUMENT # P96000061136**


1. Entity Name  
**WEST ORANGE COUNTY PEDIATRICS, INC.**



Principal Place of Business <b>7148 CURRY FORD ROAD          SUITE 200          ORLANDO, FL 32822 US</b>	Mailing Address <b>7148 CURRY FORD ROAD          SUITE 200          ORLANDO, FL 32822 US</b>
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**DO NOT WRITE IN THIS SPACE**

4000



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3399951</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DURAN, GERARDO M M.D.  
 7148 CURRY FORD ROAD  
 SUITE 200  
 ORLANDO, FL 32822**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR DURAN, GERARDO M M.D. 7148 CURRY FORD ROAD, SUITE 200 ORLANDO, FL 32822
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/29/2008 4072731357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #