

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 JUN 17 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007995

1. Entity Name
NEW INTERLACHEN PEDIATRICS, P.A.



Principal Place of Business
846 LAKE HOWELL RD.
MAITLAND, FL 32751

Mailing Address
846 LAKE HOWELL RD.
MAITLAND, FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3547951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDY, MARVIN M.D.
846 LAKE HOWELL RD.
MAITLAND, FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HARDY, MARVIN M.D.
STREET ADDRESS 846 LAKE HOWELL RD.
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VP ☐ Change ☒ Addition
NAME Aguilar, Emily L, M.D.
STREET ADDRESS 846 Lake Howell Rd
CITY-ST-ZIP Maitland, FL 32751

TITLE S ☐ Delete
NAME SMITH, SAMUEL N D.O.
STREET ADDRESS 846 LAKE HOWELL RD.
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VP ☐ Change ☒ Addition
NAME Michael Middleton, M.D.
STREET ADDRESS 846 Lake Howell Road
CITY-ST-ZIP Maitland, FL 32751

TITLE T ☐ Delete
NAME HOLSON, BRENDA B M.D.
STREET ADDRESS 846 LAKE HOWELL RD.
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition
NAME 800056411498
STREET ADDRESS 06/22/05--01004--014 **\$61.25
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME VAN WERT, ANNE K M.D.
STREET ADDRESS 846 LAKE HOWELL RD.
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME FISK, THOMAS A M.D.
STREET ADDRESS 846 LAKE HOWELL RD.
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME WARD, JULIE A D.O.
STREET ADDRESS 846 LAKE HOWELL RD.
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marvin Hardy MD 2/13/05

407-571-5017