


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90076 050 \*\*\*150.00

<b>DOCUMENT # P99000007995</b>	
1. Entity Name <b>NEW INTERLACHEN PEDIATRICS, P.A.</b>	

Principal Place of Business <b>846 LAKE HOWELL RD. MAITLAND, FL 32751</b>	Mailing Address <b>846 LAKE HOWELL RD. MAITLAND, FL 32751</b>
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01192007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3547951</b>		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
<b>FISK, THOMAS A MD 846 LAKE HOWELL RD. MAITLAND, FL 32751</b>		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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARDY, MARVIN M.D.			NAME	EMILY M. AGUILAR, M.D.		
STREET ADDRESS	846 LAKE HOWELL RD.			STREET ADDRESS	846 LAKE HOWELL ROAD		
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, SAMUEL N D.O.			NAME	MICHAEL A. MIDDLETON, M.D.		
STREET ADDRESS	846 LAKE HOWELL RD.			STREET ADDRESS	846 LAKE HOWELL ROAD		
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	T	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLSON, BRENDA B M.D.			NAME	THOMAS A FISK, M.D.		
STREET ADDRESS	846 LAKE HOWELL RD.			STREET ADDRESS	846 LAKE HOWELL ROAD		
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	MAITLAND, FLORIDA 32751		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN WERT, ANNE K M.D.			NAME	SAMUEL N. SMITH, D.O.		
STREET ADDRESS	846 LAKE HOWELL RD.			STREET ADDRESS	846 LAKE HOWELL ROAD		
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP	MAITLAND, FLORIDA 32751		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISK, THOMAS A M.D.			NAME			
STREET ADDRESS	846 LAKE HOWELL RD.			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, JULIE A D.O.			NAME			
STREET ADDRESS	846 LAKE HOWELL RD.			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP			

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:** Julie A Ward DO **1-19-2007** **407-767-2477**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #