

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000011975	
1. Entity Name PEDIATRICS PLAZA, INC.	

Principal Place of Business 178 WILSHIRE BLVD CASSELBERRY, FL 32707	Mailing Address 10014 VALLEY ROSE COURT ORLANDO, FL 32825
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01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3558316	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JIMENEZ, SANTIAGO A M.D.
10014 VALLEY ROSE COURT
ORLANDO, FL 32825

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	JIMENEZ, SANTIAGO A M.D.
STREET ADDRESS	10014 VALLEY ROSE COURT
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80105-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Santiago A Jimenez M.D. **4-7-06** **407-761-2428**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone