

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V58840**

1. Entity Name

OVIEDO PEDIATRICS, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03-27-2000 90075 024 ***150.00

00 JUN -7 PM 12:22

Principal Place of Business 2959 ALAFAYA TRAIL STE. 101 OVIEDO FL 32765	Mailing Address 2959 ALAFAYA TRAIL STE. 101 OVIEDO FL 32765-9482
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3139003	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEADLEE, JUDY
5500 S.E. 42ND COURT
OCALA FL 34480

7. Name and Address of New Registered Agent

Name: **Vaughn, Jeffrey CPA, PA**
Street Address (P.O. Box Number is Not Acceptable):
361 S. Central AVE
Box 620386
City: **OVIEDO** FL Zip Code: **32765**

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

SIGNATURE: *[Signature]*
Type or typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE PMD	<input type="checkbox"/> Delete
NAME MILLER, MARIA L	
STREET ADDRESS 3898 GOLDEN MEADOW CT.	
CITY-ST-ZIP OVIEDO FL 32765	
TITLE S	<input type="checkbox"/> Delete
NAME HEADLEE, JUDY	
STREET ADDRESS 5500 S.E. 42ND CT.	
CITY-ST-ZIP OCALA FL 34480	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vaughn, Jeffrey CPA, PA
STREET ADDRESS	361 S. Central
CITY-ST-ZIP	Box 620386 OVIEDO FL 32765
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date: **3/21/00** Daytime Phone #

CR2E034 (8/99)