


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # V58840
 1. Entity Name
 OVIEDO PEDIATRICS, P.A.



Principal Place of Business: 2959 ALAFAYA TRAIL, STE. 101, OVIEDO, FL 32765
 Mailing Address: 2959 ALAFAYA TRAIL, STE. 101, OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3139003 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, MARIA L
 3898 GOLDEN MEADOW CT.
 OVIEDO, FL 32765

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 re-registering) _____ DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$580.00.

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	PMD MILLER, MARIA L 3898 GOLDEN MEADOW CT. OVIEDO, FL 32765
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01252004
 04/01/04-500013-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 3/2/04 Daytime Phone #: _____