

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000007995

**Entity Name:** NEW INTERLACHEN PEDIATRICS, P.A.**Current Principal Place of Business:**846 LAKE HOWELL RD.  
MAITLAND, FL 32751**Current Mailing Address:**846 LAKE HOWELL RD.  
MAITLAND, FL 32751 US**FEI Number:** 59-3547951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLSON, BRENDA BM.D.  
846 LAKE HOWELL RD.  
MAITLAND, FL 32751 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	HOLSON, BRENDA BM.D.
Address	846 LAKE HOWELL RD.
City-State-Zip:	MAITLAND FL 32751

Title	SD
Name	SMITH, SAMUEL ND.O.
Address	846 LAKE HOWELL RD.
City-State-Zip:	MAITLAND FL 32751

Title	TD
Name	FISK, THOMAS AM.D.
Address	846 LAKE HOWELL RD.
City-State-Zip:	MAITLAND FL 32751

Title	VD
Name	TROUT, PAMELA CM.D.
Address	846 LAKE HOWELL RD.
City-State-Zip:	MAITLAND FL 32751

Title	VD
Name	WARD, JULIE AD.O.
Address	846 LAKE HOWELL RD.
City-State-Zip:	MAITLAND FL 32751

Title	VD
Name	AGUILAR, EMILY MM.D.
Address	846 LAKE HOWELL RD.
City-State-Zip:	MAITLAND FL 32751

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRENDA B HOLSON, M.D.**PRESIDENT****01/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date