

2017 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:**WARD, JULIE A DR.
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:** JULIE A WARD, DO

02/21/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name SMITH, SAMUEL N DR.
Address 846 LAKE HOWELL RD.
City-State-Zip: MAITLAND FL 32751

Title TREASURER, DIRECTOR
Name FISK, THOMAS A DR.
Address 846 LAKE HOWELL RD.
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT, DIRECTOR
Name WARD, JULIE A DR.
Address 846 LAKE HOWELL RD.
City-State-Zip: MAITLAND FL 32751

Title VP, DIRECTOR
Name AGUILAR, EMILY M DR.
Address 846 LAKE HOWELL RD.
City-State-Zip: MAITLAND FL 32751

Title VP, DIRECTOR
Name JOHNSON, PATRICIA K DR.
Address 846 LAKE HOWELL RD.
City-State-Zip: MAITLAND FL 32751

Title VP, DIRECTOR
Name ROITMAN-GELLER, GABRIELA DR.
Address 846 LAKE HOWELL ROAD
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: JULIE WARD**PRESIDENT**

02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date