FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 519364 (4)

1. Corporate Name
PEDIATRIC ASSOCIATES OF ORLANDO, P.A.

Principal Place of Business
414 N MILLS AVENUE
ORLANDO FL 32803

Mailing Address
414 N MILLS AVENUE
ORLANDO FL 32803

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/01/1976
3a. Date of Last Report: 03/16/1995
4. FEI Number: 59-1702222 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TOWNES, ANDREW W. JR.
414 N. MILLS AVE.
ORLANDO FL 32803

Changed to Colin Condron

10. Name and Address of New Registered Agent
81 Name: Colin J Condron MD
82 Street Address (P.O. Box Number is Not Acceptable): 414 N. Mills Ave
83 Orlando
84 City: FL 85 Zip Code: 32803

11. Pursuant to the provisions of Section 607.0505 and 607.0506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is qualified to do business in Florida. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: 3-25-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	S VP	☐ DELETE
NAME	DIDEA MD, MARK	
STREET ADDRESS	414 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VP	☒ DELETE
NAME	KOCH, KJELL MD	
STREET ADDRESS	414 NORTH MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	P	☐ DELETE
NAME	CONDRON, COLIN J MD	
STREET ADDRESS	414 NORTH MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	TS	☐ DELETE
NAME	YAEGER, DAVID	
STREET ADDRESS	414 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AT	☐ DELETE
NAME	SILVERMAN MD, MAXINE	
STREET ADDRESS	414 NORTH MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	AVP	☒ DELETE
NAME	MORALES, EILEEN	
STREET ADDRESS	414 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Asst VP	☐ Change ☒ Addition
NAME	BARBARA GANS MD	
STREET ADDRESS	414 N. Mills Ave	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	Asst Sect	☐ Change ☒ Addition
NAME	GOTTMANN, GREGORY MD	
STREET ADDRESS	414 N. MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	ASST TREAS	☐ Change ☒ Addition
NAME	SUSAN RYAN MD	
STREET ADDRESS	414 N. Mills AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	Sgt at ARMS	☐ Change ☒ Addition
NAME	LUCY NALLGOD MD	
STREET ADDRESS	414 N. Mills AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		☐ Change ☐ Addition
NAME	600001763746	
STREET ADDRESS	-04/01/96--01013--017	
CITY-ST-ZIP	***200.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied on this report, including any supplemental information, 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 12 or Block 13 if changed, or added, in Block 12 or Block 13 if changed, or added, in an address.

SIGNATURE: (407) 841-7290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TELEPHONE NUMBER

Colin J Condron MD — 3-25-96