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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 519364 (4)

1. Corporation 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 32803-5761



3. Date Incorporated or Qualified

12/01/1976

3a. Date of Last Report

03/29/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CONDON, COLIN J
414 N. MILLS AVE.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VP	DIDEA MD, MARK	414 N MILLS AVE	ORLANDO, FL 00000	<input type="checkbox"/>
VP	GANS, BARBARA MD	414 N MILLS AVENUE	ORLANDO FL 32803	<input type="checkbox"/>
P	CONDON, COLIN J MD	414 NORTH MILLS AVE	ORLANDO, FL 00000	<input type="checkbox"/>
TS	YAEGER, DAVID	414 N. MILLS AVENUE	ORLANDO FL	<input type="checkbox"/>
T	SILVERMAN MD, MAXINE	414 NORTH MILLS AVE	ORLANDO, FL 00000	<input type="checkbox"/>
S	GOFFMANN, GREGORY	414 N MILLS AVENUE	ORLANDO FL 32803	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
TREASURER	SUSAN RYAN MD	414 N. MILLS AVE	ORLANDO, FL 32803	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SGT AT ARMS	LUCEYNA LAGOD MD.	414 N. MILLS AVE	ORLANDO, FL 32803	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0085126

CR2E034 (9/96)