FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

519364

(4)

PEDIATRIC ASSOCIATES OF ORLANDO, P.A.

Principal Place of Business Mailing Address						i conini atini rigio igine siist niili nini alais cibit sii	EIE BIBSI OLBII OSOSI IBOI	
414 N MILLS AVENUE 414 N MILLS AVENUE								
ORLANDO FL 32903 ORLANDO FL 32903			03			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						12/01/1976		
2. Principal I	Place of Business	2a. Mailing Addres	5			4. FEI Number	Applied For	
21	. 1000 01 20011000	26	•			59-1702222	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Co	ountry		8. This corporation owes or has paid the curren	t year Intangible	
24	25	29	30			Personal Property Tax due June 30.		
	Name and Address of Currer	nt Registered Agent			·	10. Name and Address of New Registered Age	ent	
C	CONDRON, COLIN J			81	Name			
414 N. MILLS AVE.				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32803								
		∕ *"		83				
				84	City		35 Zip Code	
	, /]	•	F <u>L</u>	1 '	
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. If noth, 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 anti-accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, the story printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)								
10	Signature, perd or printed name of registered age OFFICERS AN		(NOTE: Hegister		nt signature requ	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DI	DECTORE IN 10	
12.	VP OFFICERS AN	D DIRECTORS DELE		TITLE			Change Addition	
NAME	DIDEA MD. MARK	ے عدد		NAME			- Analige	
!	444 11 118 (0. 415				ADDOCCO			
STREET ADDRESS	ORLANDO, FL 00000				ADDRESS			
CITY-ST-ZIP	VP	DELE		CITY - ST TATLE	I=41P		Change Addition	
NAME	GANS, BABARA MD		1	NAME		_		
STREET ADDRESS	*** ** *****				ADDRESS			
	ORLANDO FL 32803			CITY-S			j	
CITY-ST-ZIP TITLE	P	DELE		TITLE	1-2IP		Change Addition	
NAME	CONDRON, COLIN J MD			NAME		_		
STREET ADDRESS					ADDRESS			
	ORLANDO, FL 00000						İ	
CITY-ST-ZIP TITLE	TS	DELE		CITY-S	1 - ZIF		Change	
	YAEGER, DAVID							
NAME OTOSET ADDOSEO	AND AND ADDRESS OF THE PARTY OF		i i	NAME	ADORESS			
STREET ADDRESS								

CITY - ST - ZIP 14. I 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 if changed, dr on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

SILVERMAN MD, MAXINE

414 NORTH MILLS AVE

GOFFMANN, GREGORY

414 N MILLS AVENUE

ORLANDO FL 32803

ORLANDO, FL 00000

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RE REQUIRED

DELETE

☐ DELETE

Change

Change

Addition

___ Addition

FILED

Jan 23 1998 8:00am

Secretary of State