

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

FILED
Jan 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		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	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CONDON, COLIN J 414 N. MILLS AVE. ORLANDO FL 32803		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, if 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	DIDEA MD, MARK	1.2 NAME	
STREET ADDRESS	414 N MILLS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	GANS, BABARA MD	2.2 NAME	
STREET ADDRESS	414 N MILLS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	CONDON, COLIN J MD	3.2 NAME	
STREET ADDRESS	414 NORTH MILLS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TS	4.1 TITLE	
NAME	YAEGER, DAVID	4.2 NAME	
STREET ADDRESS	414 N. MILLS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	SILVERMAN MD, MAXINE	5.2 NAME	
STREET ADDRESS	414 NORTH MILLS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	GOFFMANN, GREGORY	6.2 NAME	
STREET ADDRESS	414 N MILLS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	6.4 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, or on an attachment with an address.			
SIGNATURE: _____ NATURE REQUIRED			

CR2E034 (10/97)