

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90135 018 ***150.00

DOCUMENT # 519364

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1976

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/99 407.841-7290

CR2E034 (11/98)