

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90271 050 ***150.00

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1. Entity 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

J4006016



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1702222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	DIDEA MD, MARK
STREET ADDRESS	414 N MILLS AVE
CITY-ST-ZIP	ORLANDO, FL 00000,
TITLE	VP
NAME	GANS, BABARA MD
STREET ADDRESS	414 N MILLS AVENUE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	P
NAME	CONDON, COLIN J MD
STREET ADDRESS	414 NORTH MILLS AVE
CITY-ST-ZIP	ORLANDO, FL 00000,
TITLE	TS
NAME	YAEGER, DAVID
STREET ADDRESS	414 N. MILLS AVENUE
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	SILVERMAN MD, MAXINE
STREET ADDRESS	414 NORTH MILLS AVE
CITY-ST-ZIP	ORLANDO, FL 00000,
TITLE	S
NAME	COFFMAN, GREGORY MD
STREET ADDRESS	414 N MILLS AVENUE
CITY-ST-ZIP	ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

4/14/04

Date

Daytime Phone #