

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90055 040 ***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**

40002711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-P CR2E034 (10/03)

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~~ **Mark B. DiDea, M.D.**
**414 N. MILLS AVE
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **DIDEA MD, MARK**
CITY-ST-ZIP **414 N MILLS AVE
ORLANDO, FL 00000,**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **GANS, BABARA MD**
CITY-ST-ZIP **414 N MILLS AVENUE
ORLANDO, FL 32803**

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **CONDON, COLIN J MD**
CITY-ST-ZIP **414 NORTH MILLS AVE
ORLANDO, FL 00000,**

TITLE ☐ Delete
NAME **TS**
STREET ADDRESS **YAAGER, DAVID**
CITY-ST-ZIP **414 N. MILLS AVENUE
ORLANDO, FL**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SILVERMAN MD, MAXINE**
CITY-ST-ZIP **414 NORTH MILLS AVE
ORLANDO, FL 00000,**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **COFFMAN, GREGORY, MD**
CITY-ST-ZIP **414 N MILLS AVENUE
ORLANDO, FL 32803**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Mark B. DiDea, M.D.**
CITY-ST-ZIP **414 N. Mills Ave.
Orlando, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #