

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90014 014 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 519364**

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

**50001163**



02212006 No Chg-P CR2E034 (11/05)

**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**

DIDEA, MARK B MD  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DIDEA, MARK MD
STREET ADDRESS	414 N MILLS AVE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VP
NAME	GANS, BABARA MD
STREET ADDRESS	414 N MILLS AVENUE
CITY-ST-ZIP	ORLANDO, FL 32803
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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #