

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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**



01172008 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, 2008 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

000000828795
02/26/08-80016-011 150.00

**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

2/11/08

Date

Daytime Phone #