2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 519364

Entity Name: PEDIATRIC ASSOCIATES OF ORLANDO, P.A.

Current Principal Place of Business:

414 N MILLS AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

414 N MILLS AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-1702222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIDEA, MARK B MD
414 N. MILLS AVE.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DIDEA, MARK MD
Address: 414 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete
Name: GANS, BABARA MD
Address: 414 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: TS ( ) Delete
Name: YAEGER, DAVID,
Address: 414 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL

Title: T ( ) Delete
Name: SILVERMAN MD, MAXINE
Address: 414 NORTH MILLS AVE
City-St-Zip: ORLANDO, FL 00000,

Title: S ( ) Delete
Name: COFFMAN, GREGORY MD
Address: 414 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK B. DIDEA, M.D. P 01/15/2009

Electronic Signature of Signing Officer or Director — Date