

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90166 042 \*\*\*150.00

0102752 AV

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1702222**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	DIDEA MD, MARK	
STREET ADDRESS	414 N MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GANS, BABARA MD	
STREET ADDRESS	414 N MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONDON, COLIN J MD	
STREET ADDRESS	414 NORTH MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	TS	<input type="checkbox"/> Delete
NAME	YAEGER, DAVID	
STREET ADDRESS	414 N. MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SILVERMAN MD, MAXINE	
STREET ADDRESS	414 NORTH MILLS AVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOFFMANN, GREGORY	
STREET ADDRESS	414 N MILLS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Correction:*  
**Gregory Coffman, MD.**  Change  Addition

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 RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/18/03** Daytime Phone #: **407 847-7240**

CR2E034 (10/02)