

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728914 (3)

1. Corporation Name

CENTRAL FLORIDA PEDIATRIC SOCIETY, INC.

Principal Place of Business

3008 CHELSEA STREET
ORLANDO FL 32803
US

Mailing Address

3008 CHELSEA STREET
ORLANDO FL 32803
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROSENBERG, STEVEN
1890 SEMORAL BLVD. #215
WINTER PARK FL 32792

3. Date Incorporated or Qualified

02/22/1974

4. FEI Number

23-7422278

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME LEWIS, BRENDA
STREET ADDRESS 1403 MEDICAL PLAZA DR
CITY-ST-ZIP SANFORD FL 32771

TITLE PD ☐ DELETE

NAME ROSENBERG, STEVEN
STREET ADDRESS 1890 SEMORAN BLVD., #215
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME SIGNER, RICHARD
STREET ADDRESS P.O. BOX 568605 N/A
CITY-ST-ZIP ORLANDO FL 32856-8605

TITLE TD ☐ DELETE

NAME SILVERSTEIN, NEAL
STREET ADDRESS 881 EAST ALTAMONTE DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE M ☐ DELETE

NAME HOLT, JIM
STREET ADDRESS 3008 CHELSEA ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE S ☐ DELETE

NAME HOLT, ELIZABETH
STREET ADDRESS 3008 CHELSEA ST
CITY-ST-ZIP ORLANDO FL 32803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 23 1998 8:00am
Secretary of State



CR2E037 (5/98)