

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90012 030 ****61.25

DOCUMENT # 728914

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.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/22/1974

4. FEI Number

23-7422278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Neal J. Silverstein

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

661 E. Altamonte Dr.

83

Suite 217

84 City

Altamonte Springs FL

85

Zip Code

32701

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 *Neal J. Silverstein*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7/23/99

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEWIS, BRENDA	
STREET ADDRESS	1403 MEDICAL PLAZA DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, STEVEN	
STREET ADDRESS	1890 SEMORAN BLVD., #215	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIGNER, RICHARD	
STREET ADDRESS	P.O. BOX 568605 N/A	
CITY-ST-ZIP	ORLANDO FL 32856-8605	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SILVERSTEIN, NEAL	
STREET ADDRESS	661 EAST ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, JIM	
STREET ADDRESS	3008 CHELSEA ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S	<input checked="" type="checkbox"/> 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRENDA HOLSON	
3.3 STREET ADDRESS	846 LAKE HOWELL ROAD	
3.4 CITY-ST-ZIP	MALTEAUD, FL 32751	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Colin Condon	
5.3 STREET ADDRESS	414 N. Mills Ave	
5.4 CITY-ST-ZIP	Orlando, FL 32803	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Neal J. Silverstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/99

Date

Daytime Phone #

407-339-3030

CR2E037 (5/99)