

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 20, 2001 08:00 AM****Secretary of State****DOCUMENT # 728914**

1. Entity Name

CENTRAL FLORIDA PEDIATRIC SOCIETY, INC.

Principal Place of Business

Mailing Address

3008 CHELSEA STREET

3008 CHELSEA STREET

ORLANDO

FL

32803

US

ORLANDO

FL

32803

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**23-7422278**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERSTEIN NEAL I

661 E ALTAMONTE DR

SUITE 217

ALTAMONTE SPRINGS

FL

32701

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.

SIGNATURE **NEAL T. SILVERSTEIN****05/20/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:****FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VD SEIBEL MATTEW	300 N. LAKE DESTINY ROAD MAITLAND	FL 32751
<input type="checkbox"/> Delete	D CONDON COLIN	414 N MILLS AVE ORLANDO	FL 32803	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	TD SILVERSTEIN NEAL	661 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS	FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD SILVERSTEIN NEAL	661 EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS	FL 32701
<input type="checkbox"/> Delete	VD HOLSON BRENDA	846 LAKE HOWELL RD MAITLAND	FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD HOLSON BRENDA	846 LAKE HOWELL RD MAITLAND	FL 32751
<input type="checkbox"/> Delete	D ROSENBERG STEVEN	1890 SEMORAN BLVD., #215 WINTER PARK	FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	PD LEWIS BRENDA	1403 MEDICAL PLAZA DR SANFORD	FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D LEWIS BRENDA	1403 MEDICAL PLAZA DR SANFORD	FL 32771

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Neal T. Silverstein**

TD

05/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)