2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# 728914

Entity Name: CENTRAL FLORIDA PEDIATRIC SOCIETY, INC.

Current Principal Place of Business:

3008 CHELSEA STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

3008 CHELSEA STREET
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 23-7422278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVERSTEIN, NEAL T
661 E ALTAMONTE DR
SUITE 217
ALTAMONTE SPRINGS, FL 32701

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

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	HARRIS, BRIAN	
Address:	475 OSCEOLA ST.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	D	( ) Delete
Name:	ROSENBERG, STEVEN	
Address:	1890 SEMORAN BLVD., #215	
City-St-Zip:	WINTER PARK, FL	
Title:	D	( ) Delete
Name:	HOLSON, BRENDA	
Address:	846 LAKE HOWELL RD	
City-St-Zip:	MAITLAND, FL 32751	
Title:	TD	( ) Delete
Name:	SILVERSTEIN, NEAL	
Address:	661 EAST ALTAMONTE DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	D	( ) Delete
Name:	CONDRON, COLIN	
Address:	414 N MILLS AVE	
City-St-Zip:	ORLANDO, FL 32803	
Title:	PD	( ) Delete
Name:	SEIBEL, MATTEW	
Address:	300 N. LAKE DESTINY ROAD	
City-St-Zip:	MAITLAND, FL 32751	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL T. SILVERSTEIN TD 07/12/2004

Electronic Signature of Signing Officer or Director — Date