

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728914

FILED
Apr 01, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA PEDIATRIC SOCIETY, INC.

Current Principal Place of Business:

1890 STATE ROAD 436
215
WINTER PARK, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

1890 STATE ROAD 436
215
WINTER PARK, FL 32792 US

New Mailing Address:

1890 STATE ROAD 436
215
WINTER PARK, FL 32804 US

FEI Number: 23-7422278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, HEATHER
1890 STATE ROAD 436
SUITE 215
WINTER PARK, FL 32792 US

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: PRES () Delete
Name: CHONG, ROBERT
Address: 410 WAYMONT COURT
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: TROUT, PAMELA
Address: 2105 OREGON STREET
City-St-Zip: ORLANDO, FL 32803

Title: TREA () Delete
Name: ROSENBERG, STEVEN
Address: 1890 STATE ROAD 436, STE 215
City-St-Zip: WINTER PARK, FL 32792

Title: IMPP () Delete
Name: HARRIS, BRIAN
Address: 475 OSCEOLA STREET, #1100
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PPE () Delete
Name: SEIBEL, MATTEW
Address: P.O. BOX 568128
City-St-Zip: ORLANDO, FL 32856

Title: PROG () Delete
Name: WIEST, KARYN
Address: 7404 RED BUG LAKE RD
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 exemption stated in Chapter 119, 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: ROBERT CHONG

MD

04/01/2009

Electronic Signature of Signing Officer or Director

Date