

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728914

**FILED**  
**Jun 16, 2010**  
**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 32804 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:**

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  
Name: TROUT, PAMELA  
Address: 2105 OREGON STREET  
City-St-Zip: ORLANDO, FL 32803

Title: VP  
Name: CANDELORI, JAIME  
Address: 475 OSCEOLA STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: IMPP  
Name: CHONG, ROBERT  
Address: 410 WAYMONT CT  
City-St-Zip: LAKE MARY, FL 32746

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

Title: PROG  
Name: CONDRON, COLIN  
Address: 2047 SANTA ANTILES STREET  
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: PAMELA TROUT,MD

PRES

06/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date