SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H26396** **(2)**

1. Corporation Name
PEDIATRICS OF CENTRAL FLORIDA, P.A.

Principal Place of Business	Mailing Address
801 W. OAK ST., SUITE 101 **KISSIMMEE FL 34741**	**801 W. OAK ST., SUITE 101** **KISSIMMEE FL 34741**

3. Date Incorporated or Qualified: **10/15/1984**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
22: Suite, Apt #, etc.
27: Suite, Apt #, etc.
23: City & State
28: City & State
24: Zip
25: Country
29: Zip
30: Country

4. FEI Number: **59-2458329** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JANARIOUS, FRANCIS B. M.D.
801 W. OAK ST. SUITE #101
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, type or print name of registered agent, and date if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JANARIOUS, FRANCIS B.		1.2 NAME	
STREET ADDRESS	801 W. OAK ST., STE. 101		1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JANARIOUS, MARY K.		2.2 NAME	
STREET ADDRESS	801 W. OAK ST., STE. 101		2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RICH, ROSELA		3.2 NAME	
STREET ADDRESS	801 E OAK ST., STE 101		3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VELEZ-VEGA, WILFREDO		4.2 NAME	
STREET ADDRESS	801 W OAK ST., STE. 101		4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 1/15/96 407-846-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #