FILED

03-06-1999 90035 019 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H26396 1. Corporation Name

PEDIATRICS OF CENTRAL FLORIDA, P.A.

Principal Place of Business Ma			Mailing Address				T 100101 0110 11010 Bilbs (1110 10110 Bills Bills Bills Bills Bills Bills) and 11 and
BOI W. OAK ST., SUITE 101 KISSIMMEE FL 34741		801 W. OAK ST., SUITE 101 KISSIMMEE FL 34741					, no not write in this crace
						DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed 10/15/1984
Principal Place of Business 2a. Mailing Address				_			4. FEI Number Applied For
21 26							59-2458329 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired
			City & State	ate			6. Election Campaign Financing \$5.00 May Be
23							Trust Fund Contribution Added to Fees
Zip			Cou	intry		8. This corporation owes the current year Intangiple	
24	25	29		30			Personal Property Tax. XYes No
	9. Name and Address of Curren	t Regis	stered Agent				10. Name and Address of New Registered Agent
.IANA	ARIOUS, MARY K				81	Name	·
801 W. OAK ST. SUITE #101				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
KISS	IMMEE FL 34741				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AN			13.	i Ayen	agnature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 Ti	TLE	·	☐ Change ☐ Addition	
NAME	T.T		12 N				
					ADDRESS		
STREET ADDRESS						1	
CITY-ST-ZIP				2.1 T	ITY-ST	1-ZIF	☐ Change ☐ Addition
TITLE	_			2.1 N			
NAME	RICH, ROSELA 801 E OAK ST., STE 101					ADDRESS	
STREET ADDRESS CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE			_	3.1 TITLE		☐ Change ☐ Addition	
NAME	VELEZ-VEGA, WILFREDO		3.2 N	3.2 NAME			
STREET ADDRESS	801 W OAK ST., STE. 101			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL			3.4. 0	ITY-S	T-ZIP	
TITLE		_	☐ DELETE	4.1 T	TLE		Change Addition
NAME				4.21	IAME		•
STREET ADDRESS				4.3 S	TREET	ADDRESS	
CITY-ST-ZIP				4.4 C	ITY-S1	r-ZiP	
TITLE			☐ DELETE	5.1 T			Change Addition
NAME				5.2 N			
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP				5.4 C	ITY-SI	Γ- ZIP	(A) (A) (A)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0. It., 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

☐ Change

Addition