

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26396

FILED
Mar 29, 2006
Secretary of State

Entity Name: PEDIATRICS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

801 W. OAK STREET
SUITE 101
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

801 W. OAK STREET
SUITE 101
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2458329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANARIOUS, MARY K
801 W. OAK STREET
SUITE 101
KISSIMMEE, FL 34741 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JANARIOUS, MARY K
Address: 801 W. OAK ST., STE. 101
City-St-Zip: KISSIMMEE, FL 34741

Title: V/AT () Delete
Name: RICH, ROSELA
Address: 801 W. OAK ST., STE 101
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: VELEZ-VEGA, WILFREDO
Address: 801 W OAK ST., STE. 101
City-St-Zip: KISSIMMEE, FL 34741

Title: AT () Delete
Name: WATANE, ARCHANA A
Address: 801 WEST OAK STREET SUITE 101
City-St-Zip: KISSIMMEE, FL 34741

Title: AS () Delete
Name: RAGHAVAN, VASANTHY
Address: 801 W OAK STREET STE 101
City-St-Zip: KISSIMMEE, FL 34741

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K. JANARIOUS

DP

03/29/2006

Electronic Signature of Signing Officer or Director

Date