

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H58723** (8)

1. Corporation Name
INTERLACHEN PEDIATRICS, P.A.

Principal Place of Business 846 LAKE HOWELL RD MAITLAND FL 32751	Mailing Address 846 LAKE HOWELL RD MAITLAND FL 32751-5222
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1985	3a. Date of Last Report 06/11/1996
21 Suite, Apt. #, etc.	26	27	28	4. FEI Number 59-2524204	Applied For Not Applicable
23 City & State	28	29	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BERRINGER, LYNN M.
4136 WINSBROOK LANE
ORLANDO, FL, FL 32817

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

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	#D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRINGER, LYNN M.	1.2 NAME	Kenneth Novick
STREET ADDRESS	4136 WINSBROOK LANE	1.3 STREET ADDRESS	602 West Palm Valley Drive
CITY - ST - ZIP	ORLANDO FL 32817	1.4 CITY - ST - ZIP	ORLANDO, FL 32765
TITLE	#D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WERT ANNE	2.2 NAME	
STREET ADDRESS	480 VENTRIS LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	2.4 CITY - ST - ZIP	
TITLE	#D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSON, BRENDA B.	3.2 NAME	
STREET ADDRESS	1136 BRYN MAWR DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32804	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Lacy	4.2 NAME	
STREET ADDRESS	1005 Lakeview Drive	4.3 STREET ADDRESS	
CITY - ST - ZIP	Winter Park, FL 32789	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel Smith	5.2 NAME	
STREET ADDRESS	2323 Springs Landing Blvd	5.3 STREET ADDRESS	
CITY - ST - ZIP	Longwood, FL 32719	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Fisk	6.2 NAME	
STREET ADDRESS	580 Bentley Street	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32765	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *[Signature]* 4/18/97 407-767-2477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)