

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
**848 LAKE HOWELL RD
MAITLAND FL 32751**

Mailing Address
**848 LAKE HOWELL RD
MAITLAND FL 32751**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Interlachen Pediatrics		2a. Mailing Address 26 same		3. Date Incorporated or Qualified 05/24/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2524204	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25 Seminole		29	

9. Name and Address of Current Registered Agent BERRINGER, LYNN M. 4136 WINSBROOK LANE ORLANDO, FL, FL 32817		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		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	Kenneth Novick <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRINGER, LYNN M.	1.2 NAME	502 West Palm Valley Drive
STREET ADDRESS	4136 WINSBROOK LANE	1.3 STREET ADDRESS	Oviedo FL 32765
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP	
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	LACY, THOMAS	4.2 NAME	
STREET ADDRESS	1005 LAKEVIEW DR	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	SMITH, SAMUEL	5.2 NAME	
STREET ADDRESS	2323 SPRINGS LANDING BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISK, THOMAS	6.2 NAME	
STREET ADDRESS	580 BENTLEY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	6.4 CITY-ST-ZIP	

I 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.

CR2E034 (10/97)