

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90092 050 ***150.00

DOCUMENT # J96028

1. Entity Name

FLORIDA CHILDREN'S MEDICAL GROUP, P.A.



Principal Place of Business

615 E. PRINCETON ST., STE 400
ORLANDO FL 32803

Mailing Address

PO BOX 531147
ORLANDO FL 32853
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

615 E. PRINCETON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32803

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3017388

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUEDES, BENY L
615 E. PRINCETON ST SUITE 400
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Beny Guedes

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
GUEDES, BENY L.
615 E. PRINCETON ST SUITE 400
ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beny Guedes

Date

4-19-07

Daytime Phone #

407-894-8556