2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007
Secretary of State

DOCUMENT# K47509

Entity Name: WEST ORLANDO PEDIATRICS, PA

Current Principal Place of Business:

% BARRY S. YARCKIN
10125 WEST COLONIAL DRIVE, SUITE 102
ORLANDO, FL 34761

New Principal Place of Business:

% BARRY S. YARCKIN
10125 WEST COLONIAL DRIVE, SUITE 102
OCOEE, FL 34761

Current Mailing Address:

% BARRY S. YARCKIN
10125 WEST COLONIAL DRIVE, SUITE 102
ORLANDO, FL 34761

New Mailing Address:

% BARRY S. YARCKIN
10125 WEST COLONIAL DRIVE, SUITE 102
OCOEE, FL 34761

FEI Number: 59-2930733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YARCKIN, BARRY S.
10125 W. COLONIAL DR.
STE 102
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

YARCKIN, BARRY S DR.
10125 W. COLONIAL DR.
STE 102
OCOEE, FL 34761 US

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: BARRY S YARCKIN MD 01/31/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: YARCKIN, BARRY S.,
Address: 7897 HORSE FERRY RD
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: YARCKIN, BARRY S DR
Address: 5317 TILDENS GROVE BLVD
City-St-Zip: WINDERMERE, FL 34786

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: BARRY S YARCKIN MD P 01/31/2007
Electronic Signature of Signing Officer or Director Date