FROM :ALBCPA FAX NO. :8138557429 Oct. 19 2004 03:05PM P1

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 21 PM 12:24

DOCUMENT # L11444

1. Entity Name
CENTRAL FLORIDA PEDIATRICS, P.A.

Principal Place of Business	Mailing Address
TRIDIV N SAHA, MD 3309 SW 34TH CIRCLE, BLDG. 200 OCALA, FL 34474-3370 US	TRIDIV N SAHA, MD 3309 SW 34TH CIRCLE, BLDG. 200 OCALA, FL 34474-3370 US

10192004 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
3309 SW 34th Circle #200		3309 SW 34th Circle #200	
Suite, Apt. #, etc. # 200		Suite, Apt. #, etc. # 200	
City & State: Ocala, FLORIDA		City & State: OCALA, FLORIDA	
Zip: 34474	Country: Marion	Zip: 34474	Country: Marion

4. FEI Number 59-2961713 ☐ 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
SAHA, TRIDIV N 3309 SW 34TH CIRCLE BLDG 200 OCALA, FL 34474	Name: SAME 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: X Saha 10/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $800.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAHA, TRIDIV N. 3309 SW CIRCLE, BLDG 200 OCALA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300042066003 10/21/04--01036--022 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHRINATH, MADHUKAR 3309 SW 34TH CIR BLDG 200 OCALA, FL 344743370 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Saha Tridiv Saha, MD 10/19/04 352-854-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #