

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006574

1. Entity Name

FLORIDA CHILDREN'S PHYSICIANS AND SURGEONS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90084 042 ***150.00

Principal Place of Business

Mailing Address

601 ROLLINS STREET
ORLANDO FL 32803

PO BOX 533074
ORLANDO FL 32853-3074
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3480126

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

B&C CORPORATE SERVICES OF CENTRAL FLA. INC
390 NORTH ORANGE AVE.
ORLANDO FL 32801

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SIGNER, RICHARD M.D.**
STREET ADDRESS **601 ROLLINS STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☒ Addition
NAME **Carlos Alana**
STREET ADDRESS **601 E. Rollins St**
CITY-ST-ZIP **Orlando, FL 32803, (Director)**

TITLE **D** ☐ Delete
NAME **GUEDES, BENJAMIN M.D.**
STREET ADDRESS **601 ROLLINS STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SELSKY, CLIFFORD M.D.**
STREET ADDRESS **601 ROLLINS STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **OTEGBEYE, AYODEJI M.D.**
STREET ADDRESS **601 ROLLINS STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CARSON, THOMAS M.D.**
STREET ADDRESS **601 ROLLINS STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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: **X**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

843-7110

CR2E037 (9/99)