


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90040 031 ****61.25

DOCUMENT # N97000006574					
1. Entity Name FLORIDA CHILDREN'S PHYSICIANS AND SURGEONS, INC.					
Principal Place of Business 601 ROLLINS STREET ORLANDO, FL 32803			Mailing Address PO BOX 533074 ORLANDO, FL 32803 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIGNER, RICHARD D 615 E PRINCETON STREET 300 ORLANDO, FL 32803				Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGNER, RICHARD M.D. 601 ROLLINS STREET ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signer, Richard 615 E. Princeton St. Suite 300 Orlando FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEDES, BENJAMIN M.D. 601 ROLLINS STREET ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guedes, Benjamin 615 E. Princeton St. Suite 400 Orlando FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELESKI, M.D., CLIFFORD 601 ROLLINS STREET ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Selsky, Clifford 2501 N Orange Ave Suite 589 Orlando FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, THOMAS M.D. 601 ROLLINS STREET ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Agustin Ramos 311 N. Clyde Morris Blvd. # 310 Daytona Beach FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTERO, M.D., LOUIS 601 ROLLINS STREET ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTERO, LOUIS 2718 N. Orange Ave Ste B Orlando FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Richard D. Signer</i> 2/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40017794



02132007 Chg-NP CR2E037 (12/06)

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

SIGNER, RICHARD D
615 E PRINCETON STREET
300
ORLANDO, FL 32803

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: **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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Signer, Richard
615 E. Princeton St. Suite 300
Orlando FL 32803
☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Guedes, Benjamin
615 E. Princeton St. Suite 400
Orlando FL 32803
☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Selsky, Clifford
2501 N Orange Ave Suite 589
Orlando FL 32804
☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Agustin Ramos
311 N. Clyde Morris Blvd. # 310
Daytona Beach FL 32114
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OTERO, M.D., LOUIS
601 ROLLINS STREET
ORLANDO, FL 32803
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OTERO, LOUIS
2718 N. Orange Ave Ste B
Orlando FL 32804
☒ 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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(SIGNER)