

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006574

FILED
Mar 17, 2008
Secretary of State

Entity Name: FLORIDA CHILDREN'S PHYSICIANS AND SURGEONS, INC.

Current Principal Place of Business:

601 ROLLINS STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

PO BOX 533074
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3480126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SIGNER, RICHARD D
601 ROLLINS ST.
ORLANDO, FL 32803 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:

03/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIGNER, RICHARD M.D.
Address: 615 E PRINCETON ST SUITE 300
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: GUEDES, BENJAMIN M.D.
Address: 615 E. PRINCETON ST SUITE 400
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: SELSKY, CLIFFORD
Address: 2501 N ORANGE AVE SUITE 589
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: OTERO, M.D., LOUIS
Address: 2718 N. ORANGE AVE SUITE B
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: RAMOS, AGUSTIN
Address: 311 N CLYAE MORRIS BLVD #310
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SIGNER, RICHARD M.D.
Address: 601 ROLLINS ST
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SIGNER

P

03/17/2008

Electronic Signature of Signing Officer or Director

Date