

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006574

FILED
Mar 12, 2012
Secretary of State

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

Current Principal Place of Business:

1220 SLEIGH BLVD
ORLANDO, FL 32806

New Principal Place of Business:

1220 SLIGH BLVD
ORLANDO, FL 32806

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:

CHAET, MARK S
98 SPRING LANE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CHAET, MARK
Address: 1220 SLIGH BLVD
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: STIEG, FRANK
Address: 851 WEST MORSE BLVD
City-St-Zip: WINTER PARK, FL 32789

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

Title: D
Name: LOGSDON, GREGORY
Address: 601 EAST ROLLINS ST.
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: BHARGAVA, SANGEETA
Address: 615 E. PRINCETON ST. SUITE 510
City-St-Zip: ORLANDO, FL 32803

I hereby 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 all other like empowered.

SIGNATURE: MARK S. CHAET

PD

03/12/2012

Electronic Signature of Signing Officer or Director

Date