

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91776 035 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000092284

1. Entity Name
WINTER PARK PEDIATRICS, P.A.



Principal Place of Business
 201 N LAKEEMONT AVE STE 500
 WINTER PARK, FL 32792

Mailing Address
 201 N LAKEEMONT AVE STE 500
 WINTER PARK, FL 32792

11041066

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

59-3745381

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required
☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KHAN, FARZANA
 8613 BUCKLEY CT
 ORLANDO, FL 32817

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature must be witnessed)

DATE

9. Election Campaign Financing
 Trust Fund Contribution.

☐ \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
 NAME KHAN, FARZANA
 STREET ADDRESS 8613 BUCKLEY CT
 CITY-ST-ZIP ORLANDO, FL 32817

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 190.07(3)(1), 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:

Farzana R Khan MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30/03

Date

4076447400

Cordless Phone #

CP2E034 (10/02)