

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000098731

1. Entity Name  
PEDIATRIC PAVILION, INC.



**FILED  
Apr 28, 2005 8:00 am  
Secretary of State**

04-28-2005 90163 013 \*\*\*150.00

Principal Place of Business  
4448 EDGEWATER DRIVE  
ORLANDO, FL 32804

Mailing Address

4448 EDGEWATER DRIVE  
ORLANDO, FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3751720

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOGGIE, DONNA M  
4448 EDGEWATER DR.  
ORLANDO, FL 32804

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 title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D  
NAME LOGGIE, DONNA M  
STREET ADDRESS 4448 EDGEWATER DRIVE  
CITY-ST-ZIP ORLANDO, FL 32804

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D P**

Change

Addition

TITLE D  
NAME SCHIAVI, MARIA A  
STREET ADDRESS 4448 EDGEWATER DRIVE  
CITY-ST-ZIP ORLANDO, FL 32804

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D S T**

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-5

407-513-3102

Date

Daytime Phone #