

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 SEP 18 AM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015147

1. Entity Name
WATERFORD LAKES PEDIATRICS, P.A.



Principal Place of Business

12780 WATERFORD PKWY
SUITE 100
ORLANDO, FL 32825

Mailing Address

12780 WATERFORD PKWY
SUITE 100
ORLANDO, FL 32825



09072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3603920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUGHTON-GREEN, ALLISON L
1948 WINDING OAKS DRIVE
ORLANDO, FL 32825

**DO NOT WRITE
IN THIS SPACE**

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)

300109558103

09/18/07-01019-2003 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DR
HAUGHTON-GREEN, ALLISON L
1948 WINDING OAKS DR
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/07

2/19