



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90045 024 \*\*\*150.00

<b>DOCUMENT # P02000055708</b>					
<b>1. Entity Name</b> ORLANDO PEDIATRIC PULMONARY AND SLEEP ASSOCIATES, P.A.					
<b>Principal Place of Business</b> 615 PRINCETON STREET SUITE 310 ORLANDO, FL 32803			<b>Mailing Address</b> 640 N LASALLE STREET 590 CHICAGO, IL 60610		
<b>50032393</b>					
					
<b>2. Principal Place of Business</b> 615 E. Princeton St Suite, Apt. #, etc. Suite 310 City & State Orlando, FL Zip 32803		<b>3. Mailing Address</b> 615 E Princeton Street Suite, Apt. #, etc. Suite 310 City & State Orlando, FL Zip 32803		01262005    Chg-P    CR2E034 (10/03)	
Country USA		Country USA		<b>4. FEI Number</b> 32-0017907	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name: <u>Ajayi AKinyemi M.D.</u> Street Address (P.O. Box Number is Not Acceptable): <u>615 E Princeton St. Suite 310</u> City: <u>ORLANDO</u> FL    Zip Code: <u>32803</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> <u>AKinyemi Ajayi, President</u> DATE: <u>3-25-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AJAYI, AKINYEMI MD 1407 NOTTINGHAM STREET ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. AJAYI, AKINYEMI M.D. 615 E Princeton St Suite 310 ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>AKinyemi Ajayi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>3-25-05</u> DAYTIME PHONE #: <u>407-898-2767</u>		