2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103622

Entity Name: PEDIATRIC ASSOCIATES OF CENTRAL FLORIDA, INC.

FILED Apr 26, 2006 Secretary of State

-				,		
Current Principal Place of Business:				New Principal Place of Business:		
	ERLACHEN C RY, FL 32746					
Current Mailing Address:				New Mailing Address:		
705 W SR 434 SUITE C LONGWOOD, FL 32750				P O BOX 915201 LONGWOOD, FL 32791		
FEI Number:	: 16-1632349	FEI Number Applied For ()	FEI Nun	nber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
STROGIS, ROBERT 705 W SR 434 SUITE C LONGWOOD, FL 32750 US				STROGIS, ROBERT 705 W SR 434 SUITE E LONGWOOD, FL 32750 US		
	named entity of Florida.	submits this statement for the	e purpose o	f changing its register	ed office or registered agent, or both,	
SIGNATURE:				04/26/2006		
	Electro	nic Signature of Registered A	\gent		Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S (STROGIS, RO 705 W SR 434 LONGWOOD,	SUITE C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (KAPADIA, ASH 8227 CHELSV ORLANDO, FL	VORTH DR		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHISH KAPADIA P 04/26/2006