

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103622

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** PEDIATRIC ASSOCIATES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

109 TIMBERLACHEN CIRCLE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 915201  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 16-1632349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STROGIS, ROBERT  
705 W SR 434  
SUITE E  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

STROGIS, ROBERT  
320 W SABAL PALM PLACE  
SUITE 300  
LONGWOOD, FL 32779 US

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.

SIGNATURE: ROBERT STROGIS

04/24/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: STROGIS, ROBERT  
Address: 705 W SR 434 SUITE C  
City-St-Zip: LONGWOOD, FL 32750

Title: P ( ) Delete  
Name: KAPADIA, ASHISH  
Address: 8227 CHELSWORTH DR  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: STROGIS, ROBERT  
Address: 320 W. SABAL PALM PLACE, SUITE 300  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/24/2007

Electronic Signature of Signing Officer or Director

Date