

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103622

FILED
Apr 25, 2008
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
320 W SABAL PALM PLACE
SUITE 300
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT STROGIS

S

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date