


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90225 044 ***150.00

DOCUMENT # P03000001037					
1. Entity Name MILLENNIA PEDIATRICS, INC.					
Principal Place of Business 4448 EDGEWATER DRIVE ORLANDO, FL 32804			Mailing Address 4448 EDGEWATER DRIVE ORLANDO, FL 32804		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02172004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">56-2329537</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC. 800 NORTH MAGNOLIA AVE STE 1500 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name <u>Donna M. Loggie</u> Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em; font-family: monospace;">4448 Edgewater Dr.</div> City <u>Orlando</u> FL Zip Code <u>32804</u>		
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 <u>[Signature]</u> DATE <u>4-22-4</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGGIE, DONNA M 4448 EDGEWATER DRIVE ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIARI, MARIA A 4448 EDGEWATER DRIVE ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u>[Signature]</u>			Date <u>4-22-4</u> Daytime Phone # <u>407-513-3000</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					