


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P04000151257 1. Entity Name BAY CENTRAL PEDIATRICS, INC. |  |
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| Principal Place of Business 17102 BOYSCOUT RD. ODESSA, FL 33556 | Mailing Address 17102 BOYSCOUT RD. ODESSA, FL 33556 |
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03312006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-2062869

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| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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| ROLLAND, LILIVETTE 17102 BOYSCOUT RD. ODESSA, FL 33556 |
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**DO NOT WRITE
IN THIS SPACE**

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: *Lilivette Rolland* 4-15-06
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD ROLLAND, LILIVETTE 17102 BOYSCOUT RD. ODESSA, FL 33556 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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05/17/06-80112-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Lilivette Rolland* 4-15-06 (913) 659-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #