

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90081 019 \*\*\*150.00

**DOCUMENT # P05000121564**

1. Entity Name  
**TIMBER CREEK PEDIATRIC, INC**



40046608

Principal Place of Business      Mailing Address  
**3866 WATERVIEW LOOP**      **3866 WATERVIEW LOOP**  
**WINTER PARK, FL 32792**      **WINTER PARK, FL 32792**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**12001 Avalon Lake Dr.**      **12001 Avalon LK Dr.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Ste. L**      **Ste. L**  
City & State      City & State  
**Orlando FL**      **Orlando FL**  
Zip      Zip      Country      Country  
**32020**      **32020**



03282007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-3395070**      ☐ Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**RODRIGUEZ, AUSTRIA L**      Name  
**3866 WATERVIEW LOOP**      Street Address (P.O. Box Number is Not Acceptable)  
**WINTER PARK, FL 32792**      City      **FL**      Zip Code

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: *Christina Rodriguez*      DATE: **03/28/07**

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2007 Fee will be \$550.00**      Trust Fund Contribution.      ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>RODRIGUEZ, AUSTRIA L</b> <b>3866 WATERVIEW LOOP</b> <b>WINTER PARK, FL 32792</b> <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	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	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 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: *Christina Rodriguez*      DATE: **03/28/07**      DAYTIME PHONE: **407-380-1777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR