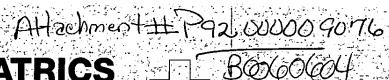
## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jul 25, 2001 8:00 am DOCUMENT # P92000009076 **Secretary of State** 1. Entity Name 07-25-2001 90001 047 \*\*\*150.00 PEDIATRICS PLUS OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 3849 OAKWATER CIRCLE 3849 OAKWATER CIRCLE ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3148994 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent - --7. Name and Address of New Registered Agent "CLIFFORD, W M Street Address (P.O. Box Number is Not Acceptable) 200 SO ORANGE AVE → STE 3000 ORLANDO FL 32801 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. SIGNATURE \_ Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE ☐ Delete ☐ Change ☐ Addition CARR, W. D NAME NAME 3849 OAKWATER CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP WP ☐ Delete TITLE TITI F ☐ Change ☐ Addition RODRIGUEZ, RICHARD G MD NAME NAME STREET ADDRESS 3849 OAKWATER CR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with anyaddress, with all other like empowered.

**FILED** 





July 17, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 33202-1500

To Whom It May Concern:

This letter is in regards to the 2001 Uniform Business Report. The report that is attached is the first and only report that I have received in this office for the year 2001. Please accept the \$150.00 as full payment.

If you need to contact me, please feel free to call my office.

Sincerely

W. D. Carr, M.D., President

Pediatrics Plus of Central Florida, Inc.

3849 Oakwater Circle, Orlando, FL 32806 • (407) 859-7239 Phone • (407) 850-9185 Fax