

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000009076

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** PEDIATRICS PLUS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2800 S. OSCEOLA AVE.  
ORLANDO, FL 32806

**New Principal Place of Business:**

2800 S. OSCEOLA AVE.  
ORLANDO, FL 328065419

**Current Mailing Address:**

2800 S. OSCEOLA AVE.  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 59-3148994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICELI, ANGELO J PRES  
5644 COMMERCE DRIVE  
ORLANDO, FL 32839 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CARR, WILLIAM D MD  
Address: 2800 S. OSCEOLA AVE.  
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM DAVID CARR

PRES

01/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date