

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90228 033 ***150.00

DOCUMENT # P94000000945

1. Entity Name

CENTRAL FLORIDA PEDIATRIC INTENSIVE CARE SPECIAL

Principal Place of Business

Mailing Address

**615 E PRINCETON ST
 SUITE 400
 ORLANDO FL 32803**

**PO BOX 533374
 ORLANDO FL 32853-3374**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3213412

Applied For

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

**OTEGBEYE, AYODEJI
 615 EAST PRINCETON STREET
 SUITE 400
 ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
R
 NAME **OTEGBEYE, AYODEJI**
 STREET ADDRESS **511 SYLVAN DR**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
DR
 NAME **DESAI, VIVEK**
 STREET ADDRESS **7703 TWIN PINES CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other information empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/01

(407)8948768

0114456 AT

CR2E034 (5/01)

Attachment
P94 000000945
AUG 8 1998

CENTRAL FLORIDA PEDIATRIC INTENSIVE CARE SPECIALISTS
615 EAST PRINCETON STREET, SUITE 400
ORLANDO, FLORIDA 32803
(407) 894-8768

July 24, 2001

Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

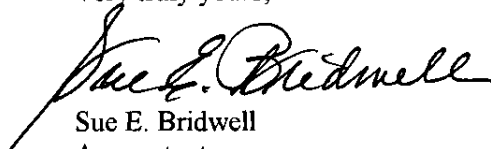
Re: P94000000945
FEI Number: 59-3213412

To Whom It May Concern:

We are in receipt of the 2001 Uniform Business Report, which includes a late fee of \$400.00. Unfortunately, we did not receive the first notice; hence, our late filing.

We sincerely regret this oversight, and respectfully ask that you abate the late fee. Be assured that we shall take steps to prevent recurrence of this error.

Very truly yours,


Sue E. Bridwell
Accountant

Enclosures