

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90668 023 ***150.00

011907 AV

DOCUMENT # P94000000945

1. Entity Name

CENTRAL FLORIDA PEDIATRIC INTENSIVE CARE SPECIALISTS, P.A.

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**844 NORTH THORNTON AVE
SUITE, Apt. #, etc.**

3. Mailing Address

**PO BOX 533374
SUITE, Apt. #, etc.**

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3213412

Applied For

Not Applicable

Zip

32803

Country

ORANGE

Zip

32853

Country

ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

**844 NORTH THORNTON AVE.
City ORLANDO FL Zip Code 32803**

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	R	<input type="checkbox"/> Delete
NAME	OTEGBEYE, AYODEJI	
STREET ADDRESS	511 SYLVAN DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DR	<input type="checkbox"/> Delete
NAME	DESAI, VIVEK	
STREET ADDRESS	7703 TWIN PINES CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02 (407) 894-8768
Date Daytime Phone #

CR2E034 (9/01)