
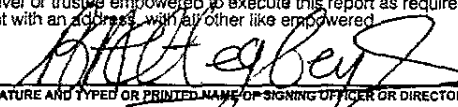


**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P94000000945 1. Entity Name CENTRAL FLORIDA PEDIATRIC INTENSIVE CARE SPECIALISTS, INC. | |  |
| Principal Place of Business 844 N. THORNTON AVE. ORLANDO, FL 32803 | Mailing Address PO BOX 533374 ORLANDO, FL 32853 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent OTEGBEYE, AYODEJI 844 NORTH THORNTON AVE ORLANDO, FL 32803 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | R OTEGBEYE, AYODEJI 511 SYLVAN DR WINTER PARK, FL 32789 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DR DESAI, VIVEK 7703 TWIN PINES CT ORLANDO, FL 32819 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DR SOREMI, OLUDAPO F 1349 BALLENTYNE PLACE APOPKA, FL 32703 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 04-20-06 (407) 398-6770 <small>Daytime Phone #</small> |



04092006 No Chg-P CR2E034 (11/05)

| | |
|--|--|
| 4. FEI Number 59-3213412 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

U00000529003
05/05/06-80059-006 150.00

**DO NOT WRITE
IN THIS SPACE**