

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90470 035 ***150.00

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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



04152007 No Chg-P CR2E034 (11/05)

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

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

TITLE **DR**
NAME **SOREMI, OLUDAPO F**
STREET ADDRESS **1349 BALLENTYNE PLACE**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wear **Vivek S. Desai** **4/26/2007** **407 894 8767**