

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000945

FILED
Apr 16, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA PEDIATRIC INTENSIVE CARE SPECIALISTS, INC.

Current Principal Place of Business:

844 N. THORNTON AVE.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

PO BOX 533374
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 59-3213412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTEGBEYE, AYODEJI
844 NORTH THORNTON AVE
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: R () Delete
Name: OTEGBEYE, AYODEJI
Address: 511 SYLVAN DR
City-St-Zip: WINTER PARK, FL 32789

Title: DR () Delete
Name: DESAI, VIVEK
Address: 7703 TWIN PINES CT
City-St-Zip: ORLANDO, FL 32819

Title: DR () Delete
Name: SOREMI, OLUDAPO F
Address: 1349 BALLENTYNE PLACE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AYODEJI OTEGBEYE

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date