

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000000945

**FILED**  
**Feb 25, 2011**  
**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:**

OTEBEYE, 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

**OFFICERS AND DIRECTORS:**

Title: R  
Name: OTEBEYE, AYODEJI  
Address: 511 SYLVAN DR  
City-St-Zip: WINTER PARK, FL 32789

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

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

I hereby 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 all other like empowered.

SIGNATURE: VIVEK DESAI

DR

02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date