

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000945

FILED
Apr 08, 2012
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: 8924 SOUTHERN BREEZE DR
City-St-Zip: ORLANDO, FL 32836

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: AYODEJI OTEBEYE

D

04/08/2012

Electronic Signature of Signing Officer or Director

Date