2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90083 017 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000082250

1. Entity Name
PRINCETON PEDIATRICS, P.A.

Principal Place of Business	Mailing Address
2001 MERCY DR. SUITE 101 ORLANDO FL 32808	2001 MERCY DR. SUITE 101 ORLANDO FL 32808-5619

2. Principal Place of Business	3. Mailing Address
6388 Silver Star Rd	6388 Silver Star Rd
Suite, Apt. #, etc.: Suite 2B	Suite, Apt. #, etc.: Suite 2B
City & State: Orlando Florida	City & State: Orlando, Florida
Zip: 32818 Country: U.S.	Zip: 32818 Country: U.S.

4. FEI Number 59-3398205 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, BARBARA L
2001 MERCY DR, SUITE 101
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name: Baldwin Barbara L.
Street Address (P.O. Box Number is Not Acceptable): 6388 Silver Star Rd, Suite 2B
City: Orlando FL Zip Code: 32818

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.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDWIN, BARBARA L 2001 MERCY DR, SUITE 101 ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Baldwin, Barbara L. 6388 Silver Star Rd, Suite 2B Orlando, Florida 32818	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGN [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)