2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 08:00 AM Secretary of State DOCUMENT # P97000033480 1. Entity Name RAMON PINEDA PEDIATRICS, P.A. Principal Place of Business Mailing Address 814 MAIN ST KISSIMMEE FL 34744 US 814 MAIN ST KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3441343 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PINEDA, RAMON MD Street Address (P.O. Box Number is Not Acceptable) 814 N. MAIN ST. KISSIMMEE FL 34744 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition PINEDA, RAMON M.D. NAME NAME U00000048816 STREET ADDRESS STREET ADDRESS 814 N MAIN ST 02/12/04-80095-019 150.**0**0 KISSIMMEE FL 34744 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 firstee 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:

O2/09/04 407-935-1800

ER OR DIRECTOR