

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90174 023 ***150.00

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DOCUMENT # P98000092952 1. Entity Name CHILDREN'S SPECIALISTS OF FLORIDA, P.A.			
Principal Place of Business 6350 PRESIDENTIAL COURT, STE 200 FORT MYERS, FL 33919		Mailing Address 6350 PRESIDENTIAL CT STE 200 FORT MYERS, FL 33919 US	
2. Principal Place of Business <i>7970 Summerlin Lakes Dr</i> Suite, Apt. #, etc. <i>Suite 200</i>		3. Mailing Address <i>7970 Summerlin Lakes Dr</i> Suite, Apt. #, etc. <i>Suite 200</i>	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33907		Zip 33907	
Country US		Country US	
4. FEI Number 65-0873807		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEA, OSCAR A M.D. 15216 BAHIA CT FORT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REED, CARL M M.D. 11991 ROSEMONT DRIVE FORT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEA, OSCAR A M.D. 15216 BAHIA CT FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date <i>9/28/05</i> Daytime Phone # <i>239 937 5500</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			