


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000003096


1. Entity Name
 CECILIA PANLILIO PINEDA, M.D., CORP.



Principal Place of Business Mailing Address

2959 ALAFAYA TRAIL 2959 ALAFAYA TRAIL
 SUITE 117 SUITE 117
 OVIEDO, FL 32765 OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3551814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINEDA, CECILIA P
 2959 ALAFAYA TR.
 OVIEDO, FL 32765

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT PINEDA, ALDRIN 1336 NEW TOWN AVE. ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PINEDA, CECILIA P MD 2959 ALAFAYA TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINEDA, ZEIDEE 1336 NEW TOWN AVE. ORLANDO, FL 32835
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Cecilia P. Pineda* CECILIA P. PINEDA 1/24/08 (407) 365-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #