

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007995

FILED  
Jan 04, 2011  
Secretary of State

Entity Name: NEW INTERLACHEN PEDIATRICS, P.A.

## Current Principal Place of Business:

846 LAKE HOWELL RD.  
MAITLAND, FL 32751

## New Principal Place of Business:

846 LAKE HOWELL RD.  
MAITLAND, FL 32751 US

## Current Mailing Address:

846 LAKE HOWELL RD.  
MAITLAND, FL 32751

## New Mailing Address:

846 LAKE HOWELL RD.  
MAITLAND, FL 32751 US

FEI Number: 59-3547951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIDDLETON, MICHAEL A MD  
846 LAKE HOWELL RD.  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

HOLSON, BRENDA B M.D.  
846 LAKE HOWELL RD.  
MAITLAND, FL 32751 US

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: BRENDA B. HOLSON, M.D.

01/04/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: HOLSON, BRENDA B M.D.  
Address: 846 LAKE HOWELL RD.  
City-St-Zip: MAITLAND, FL 32751 US

Title: SD  
Name: SMITH, SAMUEL N D.O.  
Address: 846 LAKE HOWELL RD.  
City-St-Zip: MAITLAND, FL 32751 US

Title: TD  
Name: FISK, THOMAS A M.D.  
Address: 846 LAKE HOWELL RD.  
City-St-Zip: MAITLAND, FL 32751 US

Title: VD  
Name: VAN WERT, ANNE K M.D.  
Address: 846 LAKE HOWELL RD.  
City-St-Zip: MAITLAND, FL 32751 US

Title: VD  
Name: WARD, JULIE A D.O.  
Address: 846 LAKE HOWELL RD.  
City-St-Zip: MAITLAND, FL 32751 US

Title: VD  
Name: AGUILAR, EMILY M M.D.  
Address: 846 LAKE HOWELL RD.  
City-St-Zip: MAITLAND, FL 32751 US

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: BRENDA B. HOLSON, M.D.

P

01/04/2011

Electronic Signature of Signing Officer or Director

Date

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**NEW INTERLACHEN PEDIATRICS, P.A.**

**Additional Officers/Directors:**

VD

Patricia K. Johnson, M.D.  
846 Lake Howell Road  
Maitland, Florida 32751

VD

Pamela C. Trout, M.D.  
846 Lake Howell Road  
Maitland, Florida 32751