

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085597

1. Entity Name

CENTRAL FLORIDA PEDIATRIC CARE, P.A.

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90293 042 ***150.00

Principal Place of Business

2875 SOUTH ORANGE AVE., STE 540
ORLANDO FL 32806

Mailing Address

2875 SOUTH ORANGE AVE., STE 540
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2195880

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALTER, ZANE MD
2875 SOUTH ORANGE AVE., STE 540
ORLANDO FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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, 2001 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 D ☐ Delete
NAME KALTER, ZANE MD
STREET ADDRESS 2875 SOUTH AVE STE 540
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2875 SOUTH ORANGE AVE, STE 540
CITY-ST-ZIP

TITLE D ☐ Delete
NAME QUINONEZ, MARIE MD
STREET ADDRESS 2875 SOUTH ORANGE AVE., STE 540
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GEISMAR, SHARI DO
STREET ADDRESS 12301 LAKE UNDERHILL RD STE D
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11764 EAST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO, FL 32817

TITLE D ☒ Delete
NAME TAYLOR, ADILA F MD
STREET ADDRESS 1000 WEST BROADWAY STREET STE 102
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BELTON, JANET MD
STREET ADDRESS 2271 EAST SEMORAN BLVD
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Zane A. Kalter, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

407-841-5437

Daytime Phone #

CR2E034 (10/00)