


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90002 015 ***150.00

DOCUMENT # S19882 1. Entity Name PROGRESSIVE PEDIATRICS OF ORLANDO, P.A.					
Principal Place of Business 521 W SR 434 SUITE 101 LONGWOOD, FL 32750			Mailing Address 521 W SR 434 SUITE 101 LONGWOOD, FL 32750		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 520879 Suite, Apt. #, etc.			
City & State Longwood, FL 32752		City & State Longwood, FL 32752		4. FEI Number 59-3042689	
Zip 32752		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRELES, ALFONSO 521 W STATE ROAD, SUITE 101 LONGWOOD, FL 32750			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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	PD MIRELES, ALFONSO 521 W SR 434 STE 101 LONGWOOD, FL 32750		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	



ATTACHMENT

40101536

#S19882

Alfonso Mireles, M.D., F.A.A.P.

521 West State Road 434, Suite 306

Longwood, Florida 32750

(407) 830-KIDS (5437)

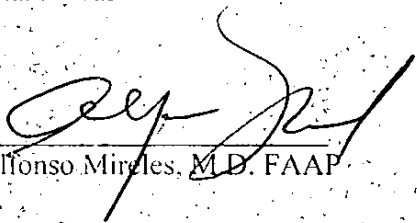
August 11, 2006

To Whom It May Concern:

Our office did not receive the 1st notice regarding the 2006 Annual Report.
We are requesting waiver of the late fee.

We have corrected the mailing address, all mail is received at the P.O. Box.

Thank you.


Alfonso Mireles, M.D. FAAP