

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03686

FILED
Apr 12, 2007
Secretary of State

Entity Name: ALTAMONTE PEDIATRIC ASSOCIATES, P.A.

Current Principal Place of Business:

475 OSCEOLA STREET
SUITE 1100
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

475 OSCEOLA STREET
SUITE 1100
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3097802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M.
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZISSMAN, EDWARD N.,
Address: 475 OSCEOLA STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD () Delete
Name: HARRIS, BRIAN
Address: 475 OSCEOLA AT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: STD () Delete
Name: SOVEN, WAYNE D.,
Address: 475 OSCEOLA STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD () Delete
Name: TURELL, DAVID
Address: 475 OSCEOLA STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD () Delete
Name: MADDOX, CHERYL
Address: 475 OSCEOLA ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WAYNE SOVEN

VD

04/12/2007

Electronic Signature of Signing Officer or Director

Date