2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58840

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03-27-2000 90075 024 ***150.00
00 JUN -7 PM 12:22

1. Entity Name
OVIEDO PEDIATRICS, P.A.

Principal Place of Business	Mailing Address
2959 ALAFAYA TRAIL STE. 101 OVIEDO FL 32765	2959 ALAFAYA TRAIL STE. 101 OVIEDO FL 32765-9492

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3139003 — 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
HEADLEE, JUDY 5500 S.E. 42ND COURT OCALA FL 34480	Name: Vaughn, Jeffrey CPA, PA Street Address (P.O. Box Number is Not Acceptable): 361 S. Central AVE Box 620386 City: OVIEDO FL Zip Code: 32765

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]
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, 2000 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: PMD ☐ Delete NAME: MILLER, MARIA L. STREET ADDRESS: 3898 GOLDEN MEADOW CT. CITY-ST-ZIP: OVIEDO FL 32765	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S ☐ Delete NAME: HEADLEE, JUDY STREET ADDRESS: 5500 S.E. 42ND CT. CITY-ST-ZIP: OCALA FL 34480	TITLE: Vaughn, Jeffrey CPA, PA ☒ Change ☐ Addition NAME: 361 S. Central STREET ADDRESS: Box 620386 CITY-ST-ZIP: OVIEDO FL 32765
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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: [signature] REQUIRED — 3/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (8/99)