

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0081908 AV

DOCUMENT # V58840

1. Entity Name

OVIEDO PEDIATRICS, P.A.

03-13-2002 90081 041 ***150.00

Principal Place of Business

**2959 ALAFAYA TRAIL
 STE. 101
 OVIEDO FL 32765**

Mailing Address

**2959 ALAFAYA TRAIL
 STE. 101
 OVIEDO FL 32765**



2. Principal Place of Business

OVIEDO

3. Mailing Address

2959 ALAFAYA TRAIL

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OVIEDO FLORIDA

City & State

4. FEI Number

59-3139003

Applied For

Not Applicable

Zip

32765

Country

SEMINOLE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VAUGHN, JEFFREY CPA
 361 CENTRAL AVE
 OVIEDO FL 32765**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	PMD	<input type="checkbox"/> Delete
NAME	MILLER, MARIA L	
STREET ADDRESS	3898 GOLDEN MEADOW CT.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAUGHN, JEFFREY CPA	
STREET ADDRESS	361 CENTRAL	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 (407) 3663321
 Date Daytime Phone #

CR2E034 (9/01)