

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26396

Entity Name: PEDIATRICS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

801 W. OAK STREET
SUITE 101
KISSIMMEE, FL 34741

Current Mailing Address:

801 W. OAK STREET
SUITE 101
KISSIMMEE, FL 34741

FEI Number: 59-2458329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JANARIOUS, MARY K M.D.
801 W. OAK STREET
SUITE 101
KISSIMMEE, FL 34741 US

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

Officer/Director Detail :

Title PD
Name JANARIOUS, MARY KM.D.
Address 801 W. OAK ST., STE. 101
City-State-Zip: KISSIMMEE FL 34741

Title TVD
Name RICH, ROSELA M.D.
Address 801 W. OAK ST., STE 101
City-State-Zip: KISSIMMEE FL 34741

Title SD
Name VELEZ-VEGA, WILFREDO M.D.
Address 801 W OAK ST., STE. 101
City-State-Zip: KISSIMMEE FL 34741

Title ATD
Name WATANE, ARCHANA AM.D.
Address 801 WEST OAK STREET SUITE 101
City-State-Zip: KISSIMMEE FL 34741

Title ASD
Name RAGHAVAN, VASANTHY M.D.
Address 801 W OAK STREET STE 101
City-State-Zip: KISSIMMEE FL 34741

Title AVD
Name CANTILLI, LORETTA AM.D.
Address 801 WEST OAK STREET STE 101
City-State-Zip: KISSIMMEE FL 34741

I hereby 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 all other like empowered.

SIGNATURE: JANARIOUS MARY KM.D.

PD

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date