

**2021 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 US

**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 K M.D.  
Address 801 W. OAK ST., STE. 101  
City-State-Zip: KISSIMMEE FL 34741

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

Title ASST. TREASURER  
Name WATANE, ARCHANA A M.D.  
Address 801 WEST OAK STREET SUITE 101  
City-State-Zip: KISSIMMEE FL 34741

Title SECRETARY  
Name RAGHAVAN, VASANTHY M.D.  
Address 801 W 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 K MD

**PRESIDENT**

**04/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date