

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000945

Entity Name: CENTRAL FLORIDA PEDIATRIC INTENSIVE CARE SPECIALISTS, INC.

Current Principal Place of Business:

844 N. THORNTON AVE.
ORLANDO, FL 32803

Current Mailing Address:

PO BOX 533374
ORLANDO, FL 32853

FEI Number: 59-3213412

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OTEGBEYE, AYODEJI
844 NORTH THORNTON AVE
ORLANDO, FL 32803 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 DR
Name OTEGBEYE, AYODEJI
Address 511 SYLVAN DR
City-State-Zip: WINTER PARK FL 32789

Title DR
Name DESAI, VIVEK
Address 8924 SOUTHERN BREEZE DR
City-State-Zip: ORLANDO FL 32836

Title DR
Name SOREMI, OLUDAPO F
Address 1349 BALLENTYNE PLACE
City-State-Zip: APOPKA FL 32703

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: VIVEK S. DESAI

MGR.

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date