2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2005
Secretary of State

DOCUMENT# L89961

Entity Name: SOUTH FLORIDA PEDIATRIC SURGEONS, P.A.

Current Principal Place of Business:

300 NW 70TH AVE
SUITE 202
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

300 NW 70TH AVE
SUITE 202
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0202995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PURANIK, SUBHASH R., M.D.
300 NW 70TH AVENUE
SUITE 202
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LONG, JULIE M.D.,
Address: 10167 NW 31ST ST. STE. #203
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DVP ( ) Delete
Name: BIRKEN, GARY A, M.D.,
Address: 1150 N 35TH AVE STE #555
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete
Name: DRUCKER, DAVID E.M.,
Address: 1150 N 35TH AVE STE #555
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GARY A. BIRKEN, MD DVP 01/17/2005

Electronic Signature of Signing Officer or Director — Date