

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89961

FILED  
Jan 22, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1150 NORTH 35TH AVE  
SUITE 555  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

1150 NORTH 35TH AVE  
SUITE 555  
HOLLYWOOD, FL 33021

**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: 1150 NORTH 35TH AVE  
City-St-Zip: HOLLYWOOD, FL 33021

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 exemption stated in Chapter 119, 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 BIRKEN, MD

DVP

01/22/2008

Electronic Signature of Signing Officer or Director

Date