# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2010**
**Secretary of State**

DOCUMENT# L89961

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

**Current Principal Place of Business:**

1150 NORTH 35TH AVE
SUITE 555
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

300 NW 70TH AVENUE
SUITE 202
FT LAUDERDALE, FL 33317 US

**Current Mailing Address:**

300 NW 70TH AVENUE
SUITE 202
FT LAUDERDALE, FL 33317 US

**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:**

MARKLEY, MICHELE A., M.D.
300 NW 70TH AVENUE
SUITE 202
FT LAUDERDALE, 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
Name: MARKLEY, MICHELE A MD
Address: 300 NW 70TH AVENUE SUITE 202
City-St-Zip: FT LAUDERDALE, FL 33317 US

Title: D
Name: PUGLISI, ROBERTO N MD
Address: 300 NW 70TH AVENUE SUITE 202
City-St-Zip: FT LAUDERDALE, FL 33317 US

Title: D
Name: PURANIK, SUBHASH R MD
Address: 300 NW 70TH AVENUE SUITE 202
City-St-Zip: FT LAUDERDALE, FL 33317 US

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: MICHELE A. MARKLEY, M.D. D 04/21/2010

Electronic Signature of Signing Officer or Director — Date