

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003893

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: PEDIATRIC SUNSHINE ACADEMICS, INC.

## Current Principal Place of Business:

3976 GROVE PARK DRIVE  
TALLAHASSEE, FL 32311

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3208  
TALLAHASSEE, FL 323153208

## New Mailing Address:

FEI Number: 65-0854095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZIFFER, GIL  
3976 GROVE PARK DRIVE  
TALLAHASSEE, FL 32311 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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LIFSHITZ, FIMA  
Address: 1040 ALSTON RD  
City-St-Zip: SANTA BARBARA, CA 93108

Title: ST ( ) Delete  
Name: LIFSHITZ, JERE  
Address: 1040 ALSTON RD  
City-St-Zip: SANTA BARBARA, CA 93108

Title: D ( ) Delete  
Name: TOBIAS, NOBIGROT  
Address: 2451 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: GARFIELD, MARTIN  
Address: 11 PARK PLACE STE. 814  
City-St-Zip: NEW YORK, NY

Title: D ( ) Delete  
Name: LIFCHITZ, MAX  
Address: 3 PAUL HOLLY DRIVE  
City-St-Zip: LOUDONVILLE, NY 12211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: TOBIAS, NOBIGROT  
Address: 725 NE 22 ST, SUITE 14 S  
City-St-Zip: MIAMI, FL 33137

Title: D (X) Change ( ) Addition  
Name: GARFIELD, MARTIN  
Address: 11 PARK PLACE, SUITE 814  
City-St-Zip: NEW YORK, NY 10007

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERE LIFSHITZ

ST

04/14/2008

Electronic Signature of Signing Officer or Director

Date