

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003893

FILED
Feb 10, 2009
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:

3161 BARINGER HILL
TALLAHASSEE, FL 32311

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:

ZIFFER, GIL
3161 BARRINGER HILL
TALLAHASSEE, FL 32311 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: _____

02/10/2009

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: 725 NE 22 ST, SUITE 14 S
City-St-Zip: MIAMI, FL 33137

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

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 F
City-St-Zip: MIAMI, FL 33137

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 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

02/10/2009

Electronic Signature of Signing Officer or Director

Date