2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# N98000003893

Entity Name: PEDIATRIC SUNSHINE ACADEMICS, INC.

Current Principal Place of Business:

3166 BARINGER HILL
TALLAHASSEE, FL 32311

New Principal Place of Business:

3166 BARINGER HILL DRIVE
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 (X)**

Name and Address of Current Registered Agent:

ZIFFER, GIL
3166 BARRINGER HILL
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
Name: LIFSHITZ, FIMA
Address: 1040 ALSTON RD
City-St-Zip: SANTA BARBARA, CA 93108

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

Title: D
Name: TOBIAS, NOBIGROT
Address: 725 NE 22 ST, SUITE 14 F
City-St-Zip: MIAMI, FL 33137

Title: D
Name: GARFIELD, MARTIN
Address: 845 UNITED NATIONS PLAZA
City-St-Zip: NEW YORK, NY 10017

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

Title: D
Name: SPUNGEN, CAROL
Address: 860 SUMMIT ROAD
City-St-Zip: SANTA BARBARA, CA 93108

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

SIGNATURE: JERE LIFSHITZ ST 02/27/2012
Electronic Signature of Signing Officer or Director Date