

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121883

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: BREHMER PEDIATRICS, P.A.

**Current Principal Place of Business:**

1500 NW 10TH AVE SUITE 104  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

20845 SONRISA WAY  
BOCA RATON, FL 33433 US

**New Mailing Address:**

FEI Number: 20-1530312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BREHMER, NOEL  
20845 SONRISA WAY  
BOCA RATON, FL 33433 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: P ( ) Delete  
Name: BREHMER, JUANA H  
Address: 20845 SONRISA WAY  
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP ( ) Delete  
Name: BREHMER, NOEL  
Address: 20845 SONRISA WAY  
City-St-Zip: BOCA RATON, FL 33433 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NOEL BREHMER

VP

01/08/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date