

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122445

FILED
Feb 21, 2005
Secretary of State

Entity Name: SUNSHINE PEDIATRIC CLINIC, P.A.

Current Principal Place of Business:

7860 SADDLEBROOK DR.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

7860 SADDLEBROOK DR.
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 04-3796822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHMED, KABIR M.D.
7860 SADDLEBROOK DR.
PORT ST LUCIE, FL 34986 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: PVP () Delete
Name: AHMED, KABIR
Address: 7860 SADDLEBROOK DR.
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: S, T () Delete
Name: AHMED, KABIR
Address: 7860 SADDLEBROOK DR.
City-St-Zip: PORT ST LUCIE, FL 34986 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 for the exemption stated in Section 119.07(3)(i), 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: KABIR AHMED

PVP

02/21/2005

Electronic Signature of Signing Officer or Director

Date