

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073294

FILED  
Mar 26, 2006  
Secretary of State

Entity Name: SANTA ROSA PEDIATRICS OF FLORIDA, P.A.

**Current Principal Place of Business:**

5962 BERRY HILL RD  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

5962 BERRY HILL RD  
MILTON, FL 32570

**New Mailing Address:**

FEI Number: 20-2869580      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ACTIVE FILINGS LLC  
10651 NE 11 COURT  
MIAMI SHORES, FL 33138      US

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

GHIGLINO, LUIS A MD  
5962 BERRY HILL RD  
MILTON, FL 32570      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: LUIS A GHIGLINO      03/26/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GHIGLINO, LUIS  
Address: 13 LEWIS STREET  
City-St-Zip: LITTLE FALLS, NY 13365

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

Title: D      (X) Change ( ) Addition  
Name: GHIGLINO, LUIS A  
Address: 5962 BERRY HILL RD  
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS A GHIGLINO      D      03/26/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date