

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 24, 2009  
Secretary of State**

DOCUMENT# P05000073294

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

**Current Principal Place of Business:**

**New Principal Place of Business:**

5962 BERRY HILL RD  
MILTON, FL 32570

**Current Mailing Address:**

**New Mailing Address:**

5962 BERRY HILL RD  
MILTON, FL 32570

FEI Number: 20-2869580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

**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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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: LUIS GHIGLINO

MD

03/24/2009

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

\_\_\_\_\_  
Date