
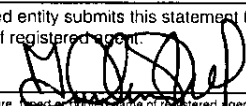



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90073 006 ***158.75

DOCUMENT # P06000125224 1. Entity Name SUNSHINE PEDIATRICS OF OCALA, PA					
Principal Place of Business 151 SE 69TH PLACE OCALA, FL 34480 US			Mailing Address 151 SE 69TH PLACE OCALA, FL 34480 US		
2. Principal Place of Business - No P.O. Box # 3120 SW 27th Ave Suite, Apt. #, etc. 200		3. Mailing Address 3120 SW 27th Ave Suite, Apt. #, etc. 200			
City & State Ocala, FL		City & State Ocala, FL		4. FEL Number 20-5638897	
Zip 34474		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDGETT, DAVID 1805 SE 16TH AVE. 101 OCALA, FL 34471			7. Name and Address of New Registered Agent Name Shrinath, Madhukar Street Address (P.O. Box Number is Not Acceptable) 151 SE 69th PL City Ocala FL Zip Code 34480		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 1/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHRINATH, MADHUKAR 151 SE 69TH PLACE OCALA, FL 34480		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: 1-19-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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