

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90050 024 ***158.75

DOCUMENT # P95000040727	
1. Entity Name SEBRING PEDIATRICS, P.A.	



Principal Place of Business 1004 SE LAKE VIEW DRIVE SEBRING, FL 33870 US	Mailing Address 1004 SE LAKE VIEW DR SEBRING, FL 33870 US
-------------------------------------------------------------------------------------------	----------------------------------------------------------------------------

50004327



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3314618	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCCOLLUM, JAMES F 129 SO. COMMERCE AVENUE SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONNI, RAJESWARI M.D. 1104 SE LAKEVIEW DRIVE 1550, LAKE VIEW DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Rajeswari Sonni RAJESWARI SONNI M.D 03.08.2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #