




**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S76065</b> 1. Entity Name <b>PEDIATRIC CENTER OF SANTA ROSA, P.A.</b>			
Principal Place of Business <b>5962 BERRYHILL ROAD MILTON, FL 32570</b>		Mailing Address <b>5962 BERRYHILL ROAD MILTON, FL 32570</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3084860</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>DR. LELIA MONTES, M.D. 5962 BERRYHILL ROAD MILTON, FL 32570</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U000000420867 02/16/06-80014-009 150.00	
TITLE	P		
NAME	MONTES, LELIA, DR.		
STREET ADDRESS	5962 BERRYHILL ROAD		
CITY-ST-ZIP	MILTON, FL 32570		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		2-1-06 850-623-0124	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	