

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90049 012 ***150.00

DOCUMENT # V11019

1. Entity Name

SUNSHINE PEDIATRICS OF BREVARD, P.A.

Principal Place of Business

1395 N COURTENAY PKWY
 100
 MERRITT ISLAND FL 32953
 US

Mailing Address

1395 N COURTENAY PKWY
 100
 MERRITT ISLAND FL 32953-4474
 US

2. Principal Place of Business

7000 Spyglass Ct.
 Suite, Apt. #, etc.
Suite 200

3. Mailing Address

7000 Spyglass Ct.
 Suite, Apt. #, etc.
Suite 200

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32940

Country

Zip

32940

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R
516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	ACOSTA-PEREZ, SIGFREDO	
STREET ADDRESS	1395 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MATEOS, YOLANDA	
STREET ADDRESS	1395 N COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA-Perez, Sigfredo	
STREET ADDRESS	7000 Spyglass Ct Suite 200	
CITY-ST-ZIP	Melbourne, FL	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATEOS, Yolanda	
STREET ADDRESS	7000 Spyglass Ct. Suite 200	
CITY-ST-ZIP	Melbourne, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yolanda Mateos, M.D.

Date

Daytime Phone #

1-19-2000 (407) 254-8400

CR2E034 (9/99)