

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11019

FILED
Mar 09, 2009
Secretary of State

Entity Name: SUNSHINE PEDIATRICS OF BREVARD, P.A.

Current Principal Place of Business:

7000 SPYGLASS CR
200
MELBOURNE, FL 32940 US

New Principal Place of Business:

445 PINEDA COURT
MELBOURNE, FL 32940 US

Current Mailing Address:

7000 SPYGLASS CR
200
MELBOURNE, FL 32940 US

New Mailing Address:

445 PINEDA COURT
MELBOURNE, FL 32940 US

FEI Number: 59-3103433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANCILIA, JOHN R
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

KANCILIA, JOHN R
1795 WEST NASA BLVD.
MELBOURNE, FL 32901 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: JOHN R. KANCILIA

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATEOS, YOLANDA
Address: 7000 SPYGLASS CT STE 200
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATEOS, YOLANDA
Address: 445 PINEDA COURT
City-St-Zip: MELBOURNE, FL 32940

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: YOLANDA MATEOS

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date