


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # V11019	
1. Entity Name SUNSHINE PEDIATRICS OF BREVARD, P.A.	

Principal Place of Business 7000 SPYGLASS CR 200 MELBOURNE, FL 32940 US	Mailing Address 7000 SPYGLASS CR 200 MELBOURNE, FL 32940 US
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3103433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 *[Signature]* Yolanda Mateos, President 3/7/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATEOS, YOLANDA 7000 SPYGLASS CT STE 200 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TORRES, CARLOS 7000 SPYGLASS CT STE 200 MELBOURNE, FL 32940
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03/21/07-80041-021 150.00

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: *[Signature]* Yolanda Mateos, President 3/7/07 321-254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #