2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153630

Entity Name: PEDIATRIC AND INTERNAL MEDICINE SPECIALISTS, PA

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2459 E. NORVELL BRYANT HWY 20 REGINA BLVD

HERNANDO, FL 34442 BEVERLY HILLS, FL 34465

Current Mailing Address: New Mailing Address:

PO BOX # 2066 LECANTO, FL 34460

FEI Number: 56-2498335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ST. MARTIN, DACELIN MD

14687 INDIGO LAKES CIRCLE

NAPLES, FL 34119 US

ST. MARTIN, DACELIN MD

4599 N. BUFFALO DR

BEVERLY HILLS, FL 34465 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: DACELIN ST. MARTIN 04/30/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: MR (X) Change () Addition

Name: ST. MARTIN, DACELIN MD Name: ST. MARTIN, DACELIN MD

 Address:
 PO BOX 2066
 Address:
 PO BOX 2066

 City-St-Zip:
 LECANTO, FL 34460
 City-St-Zip:
 LECANTO, FL 34460

I hereby certify that the information supplied with this filing does not qualify for the 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: DACELIN ST. MARTIN MR 04/30/2006