


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000153630</b> 1. Entity Name PEDIATRIC AND INTERNAL MEDICINE SPECIALISTS, PA	
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Principal Place of Business  
20 REGINA BLVD  
BEVERLY HILLS, FL 34465

Mailing Address  
PO BOX # 2066  
LECANTO, FL 34460



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2498335	Applied For 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**

ST. MARTIN, DACELIN MD  
4599 N. BUFFALO DR  
BEVERLY HILLS, FL 34465

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000753315  
05/22/07-80016-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR ST. MARTIN, DACELIN MD PO BOX 2066 LECANTO, FL 34460
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_