2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153630

Address:

City-St-Zip:

PO BOX 2066

LECANTO, FL 34460

Entity Name: PEDIATRIC AND INTERNAL MEDICINE SPECIALISTS, PA

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:		Now Principal Place o	New Principal Place of Business:	
20 REGINA BLVD BEVERLY HILLS, FL 34465		·	1990 N PROSPECT AVE	
Current Mailing Address:		New 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 (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			New Registered Agent:	
ST. MARTIN, DACELIN 4599 N. BUFFALO DR BEVERLY HILLS, FL 3				
The above named entity in the State of Florida.	y submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financi	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	() Delete DACELIN MD	Title: (Name:) Change () Addition	

Address:

City-St-Zip:

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: ANTONETTE ST MARTIN MGR 03/20/2009