

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153630

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** PEDIATRIC AND INTERNAL MEDICINE SPECIALISTS, PA

**Current Principal Place of Business:**

1990 N PROSPECT AVE  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX # 2066  
LECANTO, FL 34460

**New Mailing Address:**

**FEI Number:** 56-2498335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** MR  
**Name:** ST. MARTIN, DACELIN MD  
**Address:** PO BOX 2066  
**City-St-Zip:** LECANTO, FL 34460

I hereby 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 all other like empowered.

**SIGNATURE:** DACELIN ST MARTIN

MR

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date