above, or on an attachment with all other like empowered.

SIGNATURE: DACELIN ST MARTIN

Electronic Signature of Signing Officer/Director Detail

Entity Name: PEDIATRIC AND INTERNAL MEDICINE SPECIALISTS, INC. **Current Principal Place of Business:**

1990 N PROSPECT AVE LECANTO, FL 34461

Current Mailing Address:

DOCUMENT# P04000153630

PO BOX # 2066 LECANTO, FL 34460 US

FEI Number: 56-2498335

Name and Address of Current Registered Agent:

SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618 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: WALTER SANDERS

Electronic Signature of Registered Agent

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :

| Title | PRESIDENT, DIRECTOR |
|-----------------|-----------------------|
| Name | ST MARTIN, DACELIN MD |
| Address | PO BOX 2066 |
| City-State-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

04/26/2019 PRESIDENT, DIRECTOR

FILED Apr 26, 2019 Secretary of State 5297928732CC

Certificate of Status Desired: No

04/26/2019

Date