

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153630

Entity Name: PEDIATRIC AND INTERNAL MEDICINE SPECIALISTS, INC.

Current Principal Place of Business:

1990 N PROSPECT AVE
LECANTO, FL 34461

Current Mailing Address:

PO BOX # 2066
LECANTO, FL 34460

FEI Number: 56-2498335

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

SIGNATURE: DACELIN ST MARTIN

MANAGER

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date