

**2017 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:** No

**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

PD

01/11/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date