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

Electronic Signature of Signing Officer/Director Detail

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 US

FEI Number: 56-2498335

Name and Address of Current Registered Agent:

SANDERS, BRIAN 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: BRIAN SANDERS

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	ST MARTIN, DACELIN MD
Address	PO BOX 2066
City-State-Zip:	LECANTO FL 34460

04/29/2022

Date

Date

FILED Apr 29, 2022 Secretary of State 2514113108CC

Certificate of Status Desired: No

PRESIDENT

04/29/2022