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.

PRESIDENT

SIGNATURE: OSCAR A. OROPEZA

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033729

Entity Name: LAKE WALES PEDIATRIC/INTERNAL MEDICINE, P.A.

Current Principal Place of Business:

425 11TH STREET SUITE 2 LAKE WALES, FL 33853

Current Mailing Address:

425 11TH STREET SUITE 2 LAKE WALES, FL 33853

FEI Number: 26-2314029

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

OSCAR A. OROPEZA, M.D. 425 11TH STREET SUITE 2 LAKE WALES, FL 33853 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:

Officer/Director Detail ·

Title	D	Title	D
Name	OROPEZA, OSCAR AMD	Name	SOLORZANO, MARIA CMD
Address	425 11TH STREET, SUITE 2	Address	425 11TH STREET, SUITE 2
City-State-Zip:	LAKE WALES FL 33853	City-State-Zip:	LAKE WALES FL 33853

Certificate of Status Desired: No

01/13/2015

Date

FILED Jan 13, 2015 Secretary of State CC1725287898

Date