

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057446

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: ACUTE CARE PEDIATRICS, P.A.

## Current Principal Place of Business:

1301 REID ST  
PALATKA, FL 32177

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 797  
PALATKA, FL 32178

## New Mailing Address:

FEI Number: 59-3725192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, JAMES D  
4424 NW 13TH ST.  
SUITE B-1  
GAINESVILLE, FL 32609 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: TIU, DWIGHT-PETER L MD  
Address: 1301 REID ST  
City-St-Zip: PALATKA, FL 32177

Title: S ( ) Delete  
Name: TIU, CHRISTINE  
Address: 1301 REID ST  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE TIU

S

01/16/2009

Electronic Signature of Signing Officer or Director

Date