

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000057446

**FILED**  
**Sep 01, 2010**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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:** DWIGHT TIU

PRES

09/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date