

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000072352

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** PEDIATRICS OF ST. AUGUSTINE, P.A.

**Current Principal Place of Business:**

2676 US HIGHWAY 1 SOUTH  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

2676 US HIGHWAY 1 SOUTH  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 43-2019255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YASIN, ALIYA MD  
2676 US HIGHWAY 1 SOUTH  
ST AUGUSTINE, FL 32086 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: P  
Name: YASIN, ALIYA DR, MD  
Address: 2676 US HIGHWAY 1 SOUTH  
City-St-Zip: ST AUGUSTINE, FL 32086

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: ALIYA YASIN

MD

03/30/2011

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

\_\_\_\_\_  
Date