2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P08000033729

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

Current Principal Place of Business:

1110 DRUID CIRCLE
SUITE A
LAKE WALES, FL 33853

New Principal Place of Business:

425 11TH STREET
SUITE 2
LAKE WALES, FL 33853

Current Mailing Address:

1110 DRUID CIRCLE
SUITE A
LAKE WALES, FL 33853

New Mailing Address:

425 11TH STREET
SUITE 2
LAKE WALES, FL 33853

FEI Number: 26-2314029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSCAR A. OROPEZA, M.D.
1110 DRUID CIRCLE
SUITE A
LAKE WALES, FL 33853 US

Name and Address of New 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: OSCAR A. OROPEZA, M.D. 02/18/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: OROPEZA, OSCAR A MD
Address: 425 11TH STREET, SUITE 2
City-St-Zip: LAKE WALES, FL 33853

Title: D
Name: SOLORZANO, MARIA C MD
Address: 425 11TH STREET, SUITE 2
City-St-Zip: LAKE WALES, FL 33853

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: OSCAR A. OROPEZA, M.D. PRES 02/18/2011
Electronic Signature of Signing Officer or Director Date