

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091115

FILED
Jan 13, 2009
Secretary of State

Entity Name: GAINESVILLE PEDIATRIC MEDICINE, P.A.

Current Principal Place of Business:

4019 SW 98TH TERRACE
GAINESVILLE, FL 32608

New Principal Place of Business:

1131 NW 64TH TERRACE
B
GAINESVILLE, FL 32605

Current Mailing Address:

4019 SW 98TH TERRACE
GAINESVILLE, FL 32608

New Mailing Address:

1131 NW 64TH TERRACE
B
GAINESVILLE, FL 32605

FEI Number: 26-3493583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUMSSEN, VALERIE
4019 SW 98TH TERRACE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

NUMSSEN, VALERIE
1131 NW 64TH TERRACE
B
GAINESVILLE, FL 32605 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:

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUMSSEN, VALERIE
Address: 4019 SW 98TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: MELENDEZ, ROMEO
Address: 4019 SW 98TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NUMSSEN, VALERIE
Address: 1131 NW 64TH TERRACE SUITE B
City-St-Zip: GAINESVILLE, FL 32605

Title: VP (X) Change () Addition
Name: CASTILLO, ROMEO E
Address: 1131 NW 64TH TERRACE SUITE B
City-St-Zip: GAINESVILLE, FL 32605

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: ROMEO E. CASTILLO

VP

01/13/2009

Electronic Signature of Signing Officer or Director

Date