

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091115

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** GAINESVILLE PEDIATRIC MEDICINE, P.A.

**Current Principal Place of Business:**

1131 NW 64TH TERRACE  
B  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

1131 NW 64TH TERRACE  
B  
GAINESVILLE, FL 32605

**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 (X)**

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

NUMSSEN, VALERIE  
1131 NW 64TH TERRACE  
B  
GAINESVILLE, FL 32605 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: NUMSSEN, VALERIE  
Address: 1131 NW 64TH TERRACE SUITE B  
City-St-Zip: GAINESVILLE, FL 32605

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

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: VALERIE NUMSSEN

P

02/09/2012

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

\_\_\_\_\_  
Date