

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000013991

FILED
Apr 29, 2011
Secretary of State

Entity Name: ADOLESCENT & PEDIATRIC MEDICAL CENTER, P.A.

Current Principal Place of Business:

1638 PLAZA DRIVE NORTH
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1638 PLAZA DRIVE NORTH
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 27-1914142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, MARIA
5408 TOURAIN DRIVE
TALLAHASSEE, FL 32312 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: D
Name: HENRY, LIONEL M.D.
Address: 1638 PLAZA DRIVE NORTH
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: HENRY, MARIA
Address: 5408 TOURAIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: LIONEL HENRY

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date