

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000056647

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** NORTHEAST FLORIDA PEDIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

1301-19 MONUMENT RD.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

1301-19 MONUMENT RD.  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 59-3195018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BERNSTEIN, ROBERT  
FOLEY & LARDNER LLP  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32207 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: PENA-ARIET, RODOLFO M.D.  
Address: 1301-19 MONUMENT RD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: PENA-ARIET, OLGA M.D.  
Address: 1301-19 MONUMENT RD.  
City-St-Zip: JACKSONVILLE, FL 32225

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: RODOLFO PENA-ARIET

MD

03/26/2012

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

\_\_\_\_\_  
Date