2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

DOCUMENT# P95000090942

Entity Name: NORTH FLORIDA PEDIATRICS, P.A.

Current Principal Place of Business:

1859 SW NEWLAND WAY
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

1859 SW NEWLAND WAY
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-3349350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLMAN, LAURA
901 NW 57 ST
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

FOWLER, JEAN
1859 SW NEWLAND WAY
LAKE CITY, FL 32025 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: JEAN FOWLER 01/25/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: SANTELICES, SAMUEL M.D.
Address: 1859 SW NEWLAND WAY
City-St-Zip: LAKE CITY, FL 32025

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: SAMUEL SANTELICES PRES 01/25/2011
Electronic Signature of Signing Officer or Director Date