

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000065797

Entity Name: POLK PEDIATRICS, P.A.

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1265 E MAIN ST  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

1265 E MAIN ST  
BARTOW, FL 33830 US

**New Mailing Address:**

FEI Number: 59-3388286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PILLAI, ANANTHA  
12702 N. 53RD ST.  
TAMPA, FL 33617 US

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

PREMKANTH, PHIMAGHAM  
19315 AUTUMN WOODS AVENUE  
TAMPA, FL 33647 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: PSPREMKANTH

02/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PREMKANTH, PHIMAGHAM  
Address: 19315 AUTUMN WOODS AVENUE  
City-St-Zip: TAMPA, FL 33830

Title: ST  
Name: GOPALSAMY, SUCHITRA  
Address: 19315 AUTUMN WOODS AVE  
City-St-Zip: TAMPA, FL 33647

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: PSPREMKANTH

P

02/07/2011

Electronic Signature of Signing Officer or Director

Date