2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001437

Entity Name: BAYSIDE PEDIATRICS, INC.

FILED May 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2727 W MARTIN LUTHER KING JR BLVD 4728 N HABANA AVE

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TAMPA, FL 33607 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

2727 W MARTIN LUTHER KING JR BLVD 4728 N HABANA AVE 780 101

TAMPA, FL 33607 TAMPA, FL 33614

FEI Number: 59-3484844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HOLCOMB, VICTOR W 201 N. ARMENIA AVE. TAMPA, FL 33609 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: MD (X) Change () Addition

Name: PINZON, LUIS N Name: PINZON, LUIS N

Address: 2727 W. MARITN LUTHER KING JR BLVD, 780 Address: 4728 N HABANA AVE STE 101

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33614

Title: D () Delete Title: D (X) Change () Addition

Name: PINZON, MARIA Name: PINZON, MARIA

Address: 2727 W. MARITN LUTHER KING JR BLVD, 780 Address: 4728 N HABANA AVE STE 101

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA PINZON D 05/05/2006