

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601126

Entity Name: ATLANTIC COAST PEDIATRICS, M.D., P.A.

Current Principal Place of Business:

270 NORTH SYKES CREEK PKWY
UNIT 108
MERRITT ISLAND, FL 32953

Current Mailing Address:

PO BOX 541216
MERRITT ISLAND, FL 32954-1216 US

FEI Number: 59-1263689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, LUIS A
270 N. SYKES CREEK PKWY
UNIT 108
MERRITT ISLAND, FL 32953 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

Officer/Director Detail :

Title	P	Title	STVP
Name	GONZALEZ, LUIS A	Name	COSGROVE, LISA A
Address	270 N. SYKES CREEK PWKY UNIT 108	Address	270 N. SYKES CREEK PKWYP UNIT 108
City-State-Zip:	MERRITT ISLAND FL 32953	City-State-Zip:	MERRITT ISLAND FL 32953

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: LUIS A. GONZALEZ

PRESIDENT/REGISTERED AGENT 04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date