

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000057446

**Entity Name:** ACUTE CARE PEDIATRICS, P.A.

**Current Principal Place of Business:**

1301 REID ST  
PALATKA, FL 32177

**Current Mailing Address:**

12 FLOYD CT  
PALM COAST, FL 32137 US

**FEI Number:** 59-3725192

**Certificate of Status Desired:** No

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

WILLIAMS, JAMES D  
4424 NW 13TH ST.  
SUITE B-1  
GAINESVILLE, FL 32609 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 PSTD  
Name TIU, DWIGHT-PETER LMD  
Address 12 FLOYD CT  
City-State-Zip: PALM COAST FL 32137

Title S  
Name TIU, CHRISTINE  
Address 12 FLOYD CT  
City-State-Zip: PALM COAST FL 32137

Title ASST. TREASURER  
Name TIU, DANIEL J  
Address 12 FLOYD CT  
City-State-Zip: PALM COAST FL 32137

*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:** CHRISTINE TIU

**SECRETARY**

**02/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date