Entity Name: PEDIATRIC EMERGENCY PHYSICIANS OF ST. PETERSBURG, P.A.

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

14050 NW 14TH ST SUITE 190 FT. LAUDERDALE, FL 33323

DOCUMENT# P93000033311

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400 ATTN: LEGAL KNOXVILLE, TN 37919

FEI Number: 65-0410357

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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 **Officer/Director Detail :** Title PSTD Title AS HOLTZCLAW, STEPHEN M.D STAIR, JOHN Name Name 14050 NW 14TH ST., STE. 190 265 BROOKVIEW CENTRE WAY, Address Address SUITE 400 City-State-Zip: FORT LAUDERDALE FL 33323 City-State-Zip: KNOXVILLE TN 37919 Title AT BELMAR, CAROLE Name 265 BROOKVIEW CENTRE WAY, Address SUITE 400 City-State-Zip: KNOXVILLE TN 37919

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: JOHN STAIR

Electronic Signature of Signing Officer/Director Detail

ASSISTANT SECRETARY 04/03/2014

Date

Date

Certificate of Status Desired: No

T. PETERSBURG, Sec. CC