

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V22962

**FILED**  
**May 13, 2013**  
**Secretary of State**  
**CC8763429411**

**Entity Name:** PEDRO J. MORALES, M.D. AND TIM P. CARLSON, M.D., P.A.

**Current Principal Place of Business:**

2191 9TH AVENUE NO.  
SUITE 220  
ST PETERSBURG, FL 33713

**Current Mailing Address:**

2191 9TH AVENUE NO.  
SUITE 220  
ST PETERSBURG, FL 33713

**FEI Number: 59-3111091**

**Certificate of Status Desired: No**

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

MORALES, PEDRO JMD  
4711 COCONUT PALM CIR NE  
ST PETERSBURG, FL 33703 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	PSD	Title	VPTD
Name	MORALES, PEDRO JMD	Name	CARLSON, TIM PMD
Address	4711 COCONUT PALM CIR NE	Address	1215 DARLINGTON OAK CIR NE
City-State-Zip:	ST PETERSBURG FL 33703	City-State-Zip:	ST PETERSBURG FL 33703

*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: PEDRO J. MORALES, M.D.**

**PRESIDENT**

**05/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date