

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029305

**FILED**  
**Jan 25, 2006**  
**Secretary of State**

**Entity Name:** PROGRESSIVE PEDIATRICS, L.L.C.

**Current Principal Place of Business:**

4311 SALISBURY ROAD NORTH  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

1539 PARENTAL HOME RD.  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4311 SALISBURY ROAD NORTH  
JACKSONVILLE, FL 32216

**New Mailing Address:**

1539 PARENTAL HOME RD.  
JACKSONVILLE, FL 32216

FEI Number: 26-0132243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVE, STE 115  
JACKSONVILLE, FL 32204 US

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

MILES, VALERIE H  
1539 PARENTAL HOME RD.  
JACKSONVILLE, FL 32216 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: VALERIE H. MILES

01/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VALERIE H. MILES, M., D., P.A.  
Address: 4311 SALISBURY ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM ( ) Delete  
Name: L. CAROLINA CERON CA, NAS, P.A.  
Address: 4311 SALISBURY ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VALERIE H. MILES, M., D., P.A.  
Address: 1539 PARENTAL HOME RD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM (X) Change ( ) Addition  
Name: L. CAROLINA CERON CA, NAS, P.A.  
Address: 1539 PARENTAL HOME RD.  
City-St-Zip: JACKSONVILLE, FL 32216

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VALERIE H. MILES

MGRM

01/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date