

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029305

FILED
Apr 30, 2007
Secretary of State

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

Current Principal Place of Business:

1539 PARENTAL HOME RD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1539 PARENTAL HOME RD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 26-0132243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2007

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