

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029305

FILED  
Jun 14, 2011  
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 (X)

**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  
Name: VALERIE H. MILES, M.D., P.A.  
Address: 1539 PARENTAL HOME RD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM  
Name: L. CAROLINA CERON CANAS, P.A.  
Address: 1539 PARENTAL HOME RD.  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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

MRS

06/14/2011

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