

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038523

**Entity Name:** OVIEDO PEDIATRICS, PLC

**Current Principal Place of Business:**

2959 ALAFAYA TRAIL  
SUITE 101  
OVIEDO, FL 32765

**Current Mailing Address:**

2959 ALAFAYA TRAIL  
SUITE 101  
OVIEDO, FL 32765

**FEI Number:** 56-2463045

**Certificate of Status Desired:** No

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

MILLER, MARIA L. M.D.  
2959 ALAFAYA TRAIL  
SUITE 101  
OVIEDO, FL 32765 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MILLER, MARIA LM.D.  
Address 2959 ALAFAYA TRAIL, SUITE 101  
City-State-Zip: OVIEDO FL 32765

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA L MILLER

MGRM

04/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date