

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055115

Entity Name: SAWGRASS PEDIATRICS, LLC**Current Principal Place of Business:**9750 NW 33RD STREET
SUITE 101
CORAL SPRINGS, FL 33065**Current Mailing Address:**9750 NW 33RD STREET
SUITE 101
CORAL SPRINGS, FL 33065**FEI Number:** 20-1415382**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATZ, LORNE M.D.
9750 NW 33RD STREET
SUITE 101
CORAL SPRINGS, FL 33065 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 MD
Name KATZ, LORNE MD
Address 9750 NW 33RD STREET
City-State-Zip: CORAL SPRINGS FL 33065Title MD
Name MILLER, LORI MD
Address 9750 NW 33RD STREET
City-State-Zip: CORAL SPRINGS FL 33065Title MD
Name DI LIDDO, ALINA MD
Address 9750 NW 33RD STREET
City-State-Zip: CORAL SPRING FL 33065Title MD
Name WATERS, SUSAN MD
Address 9750 NW 33RD STREET
City-State-Zip: CORAL SPRINGS FL 33065Title MD
Name MARTELL, ANTHONY MD
Address 9750 NW 33RD STREET
City-State-Zip: CORAL SPRINGS FL 33065Title MD
Name MUSSARY, JORDAN MD
Address 9750 NW 33RD STREET
City-State-Zip: CORAL SPRINGS FL 33065

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

SIGNATURE: SUSAN WATERS, M.D.**MEMBER****01/08/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date