

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029305

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

Current Principal Place of Business:

1539 PARENTAL HOME RD.
JACKSONVILLE, FL 32216

Current Mailing Address:

1539 PARENTAL HOME RD.
JACKSONVILLE, FL 32216

FEI Number: 26-0132243

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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: RONALD PATOKA

**PRACTICE
ADMINISTRATOR**

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date