

**2015 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:** Yes

**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**

**03/16/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date