

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064284

Entity Name: CSA PEDIATRICS, P.L.

Current Principal Place of Business:

6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

Current Mailing Address:

6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

FEI Number: 20-5132661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTESSENZA, JAMES AMD
6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709 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 QUINTESSENZA, JAMES AMD
Address 6006 49TH ST NORTH STE 310
City-State-Zip: SAINT PETERSBURG FL 33709

Title MGR
Name JACOBS, JEFFREY P
Address 6006 49TH ST NORTH STE 310
City-State-Zip: SAINT PETERSBURG FL 33709

Title MGR
Name CHAI, PAUL MD
Address 6006 49TH ST NORTH STE 310
City-State-Zip: SAINT PETERSBURG FL 33709

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: JAMES QUINTESSENZA

MGRM

03/20/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date