

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096881

**Entity Name:** ATLANTIC PEDIATRIC PARTNERS, LLC

**Current Principal Place of Business:**

5310 N.W. 33RD AVENUE  
216  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

5310 N.W. 33RD AVENUE  
216  
FT. LAUDERDALE, FL 33309

**FEI Number: 26-3549264**

**Certificate of Status Desired: No**

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

CORPDIRECT AGENTS, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	CEO	Title	CMO
Name	GOLDBERG, PAUL DR.	Name	CAPOTE, MAYRA DR.
Address	11011 SHERIDAN STREET SUITE 311 COOPER CITY	Address	14400 NW 77 COURT SUITE 102
City-State-Zip:	FORT LAUDERDALE FL 33026	City-State-Zip:	MIAMI LAKES FL 33016

*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: DR. PAUL GOLDBERG**

**CEO**

**02/24/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date