

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068593

**Entity Name:** ADVANCED PEDIATRIC MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

310 SW OCEAN BLVD.  
STUART, FL 34994

**Current Mailing Address:**

310 SW OCEAN BLVD.  
STUART, FL 34994 US

**FEI Number: 27-0559716**

**Certificate of Status Desired: No**

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

DUAH, EVELYN  
310 SW OCEAN BLVD  
STUART, FL 34994 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 JOHNSON, MALCOLM M.D.  
Address 310 SW OCEAN BLVD.  
City-State-Zip: STUART FL 34994

Title MGRM  
Name DUAH, EVELYN  
Address 310 SW OCEAN BLVD.  
City-State-Zip: STUART FL 34994

Title MGRM  
Name DUAH, JOSEPH  
Address 310 SW OCEAN BLVD.  
City-State-Zip: STUART FL 34994

*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: DUAH , EVELYN**

**MANAGER**

**04/01/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date