

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054428

**Entity Name:** ABRAKIDABRA PEDIATRIC CLINIC LLC

**Current Principal Place of Business:**

3510 MARINER BLVD.  
SPRING HILL, FL 34609

**Current Mailing Address:**

3510 MARINER BLVD.  
SPRING HILL, FL 34609

**FEI Number:** 90-0722173

**Certificate of Status Desired:** No

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

RIDDLE, HEATHER AARNP  
3510 MARINER BLVD.  
SPRING HILL, FL 34609 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 RIDDLE, HEATHER AARNP  
Address 3510 MARINER BLVD.  
City-State-Zip: SPRING HILL FL 34609

*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:** HEATHER RIDDLE

ARNP

02/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date