

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000082879

Entity Name: ROBYN JACOBSON PEDIATRICS, PLLC

Current Principal Place of Business:

3910 NORTHDALÉ BOULEVARD
SUITE 204
TAMPA, FL 33624

Current Mailing Address:

5805 CRUISER WAY
TAMPA, FL 33615

FEI Number: 46-5690709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBSON, ROBYN W DR.
5805 CRUISER WAY
TAMPA, FL 33615 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 MGR
Name JACOBSON, ROBYN W DR.
Address 5805 CRUISER WAY
City-State-Zip: TAMPA FL 33615

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: ROBYN JACOBSON

MGR

02/09/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date