

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000246044

Entity Name: NOVEL PEDIATRIC CENTER LLC

Current Principal Place of Business:

2754 WINDGUARD CIRCLE, SU 102
WESLEY CHAPEL, FL 33544

Current Mailing Address:

PO BOX 48184
TAMPA, FL 33647 US

FEI Number: 82-3594178

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AXIOM BUSINESS CONSULTING, LLC
13234 TELECOM DR
TAMPA, FL 33637 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 KUMAR, SUJATA
Address PO BOX 48184
City-State-Zip: TAMPA FL 33647

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: SUJATA KUMAR

MANAGING MEMBER

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date