

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000070151

**Entity Name:** CERON PEDIATRICS AND INTEGRATIVE MEDICINE, PLLC

**Current Principal Place of Business:**

1539 PARENTAL HOME ROAD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1539 PARENTAL HOME ROAD  
JACKSONVILLE, FL 32216 US

**FEI Number: 82-4907373**

**Certificate of Status Desired: No**

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

LCAROLINA CERON CANAS  
1539 PARENTAL HOME ROAD  
JACKSONVILLE, FL 32216 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:** L CAROLINA CERON CANAS

04/28/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CERON-CANAS, LOURDES C  
Address 1539 PARENTAL HOME ROAD  
City-State-Zip: JACKSONVILLE FL 32216

*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:** LOURDES CAROLINA CERON-CANAS

OWNER

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date