

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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
13758 CLUB COVE DRIVE
JACKSONVILLE, FL 32225 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

10/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CERON-CANAS, LOURDES C
Address 13758 CLUB COVE DRIVE
City-State-Zip: JACKSONVILLE FL 32225

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 C. CERON-CANAS

MD

10/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date