

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000084486

Entity Name: MUNCHKINS PEDIATRICS, LLC.

Current Principal Place of Business:

13540 17TH ST.
DADE CITY, FL 33525

Current Mailing Address:

20718 HIGHPOND LN
DADE CITY, FL 33523

FEI Number: 83-3824323

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DESCHAMPS, SHAUNA M APRN
20718 HIGHPOND LN
DADE CITY, FL 33523 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: SHAUNA DESCHAMPS, APRN

03/06/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CO-TRUSTEE
Name FRIX, DALE L.
Address 20718 HIGHPOND LN
City-State-Zip: DADE CITY FL 33523

Title CEO
Name DESCHAMPS, SHAUNA M APRN
Address 20718 HIGHPOND LN
City-State-Zip: DADE CITY FL 33523

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: SHAUNA DESCHAMPS, APRN

CEO

03/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date