

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000321557

**Entity Name:** WMM PEDIATRICS LLC

**Current Principal Place of Business:**

3607 ALOMA AVENUE  
SUITE 1091  
OVIEDO, FL 32765

**Current Mailing Address:**

2580 N. NARCOOSSEE RD  
ST. CLOUD, FL 34771 US

**FEI Number:** 85-3630755

**Certificate of Status Desired:** No

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

EDDIE FERNANDEZ, PA  
135 W. CENTRAL BLVD STE 300  
ORLANDO, FL 32801 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 WISELYNN MEDICAL GROUP LLC  
Address 2580 N. NARCOOSSEE RD  
City-State-Zip: ST. CLOUD FL 34771

*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:** MIA YOUNG

**OWNER**

**03/07/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date