

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000470416

**Entity Name:** PEDIATRICS ON CALL, LLC

**Current Principal Place of Business:**

3938 TANO DRIVE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

3938 TANO DRIVE  
ORMOND BEACH, FL 32174

**FEI Number:** 87-3385661

**Certificate of Status Desired:** Yes

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

DAVIDSON, DAVID J  
151 NW 1ST AVENUE  
DELRAY BEACH, FL 33444 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	AMBR	Title	AMBR
Name	DESIMONE, NICOLE	Name	SIBLEY, JENNIFER
Address	3938 TANO DRIVE	Address	3938 TANO DRIVE
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174

*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:** NICOLE DESIMONE

MRS

02/02/2023

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

\_\_\_\_\_ Date