

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000004369

**Entity Name:** WESTCHESTER PEDIATRIC ASSOCIATES, L.C.

**Current Principal Place of Business:**

10300 SUNSET DRIVE  
SUITE # 351  
MIAMI, FL 33173

**Current Mailing Address:**

10300 SUNSET DRIVE  
SUITE # 351  
MIAMI, FL 33173

**FEI Number:** 65-0932335

**Certificate of Status Desired:** No

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

FERNANDEZ PUJOL, MARGARITA  
10300 SW 72 ST  
351  
MIAMI, FL 33173 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:** MARGARITA FERNANDEZ PUJOL

01/22/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FERNANDEZ-PUJOL, MARGARITA  
Address 10300 SUNSET DRIVE, STE #351  
City-State-Zip: MIAMI FL 33173

Title MGRM  
Name MONTIEL, CHRISTINA R  
Address 10300 SUNSET DRIVE, STE #351  
City-State-Zip: MIAMI FL 33173

Title MGRM  
Name LARCADA, PAMELA  
Address 10300 SUNSET DRIVE, STE #351  
City-State-Zip: MIAMI FL 33173

Title MGRM  
Name LOPEZ, JOHANNES  
Address 10300 SUNSET DRIVE, STE #351  
City-State-Zip: MIAMI FL 33173

*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:** FERNANDEZ-PUJOL MARGARITA

MANAGER

01/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date