

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010443

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** NEW PEDIATRIC BUILDING, L.L.C.

**Current Principal Place of Business:**

1500 S.E. 17TH STREET  
BUILDING 600  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1500 S.E. 17TH STREET  
BUILDING 600  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 59-3728460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOGAS, PAUL C MD PRES  
1500 SE 17TH STREET  
# 600  
OCALA, FL 34471 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORSE, KENNETH  
Address: 9155 SW 19TH AVE  
City-St-Zip: Ocala, FL 34476

Title: MGRM  
Name: LOGAS, PAUL  
Address: 4846 NE 60TH TERR  
City-St-Zip: Ocala, FL 34488

Title: MGRM  
Name: HAWK, CHERYL  
Address: 919 SE 10TH AVE  
City-St-Zip: Ocala, FL 34471

Title: MGRM  
Name: KERNS, SUSAN  
Address: 1430 SW 43RD PLACE  
City-St-Zip: Ocala, FL 34474

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PAUL C LOGAS MD PRESIDENT

MD

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date