

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000010443				<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.2em; margin: 5px 0;">03 MAY 14 PM 12:20</div> <div style="font-size: 0.8em; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name New Pediatric Building, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1500 SE 17th Street Suite, Apt. #, etc. Bldg 600 City & State Ocala, FL Zip 34471			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3728460			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Alan Gassman	
				Street Address (P.O. Box Number is Not Acceptable) 1245 Court St., Ste 102	
				City Clearwater	
				FL Zip Code 33756	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM Kenneth Morse 9155 SW 19th Avenue Ocala, FL 34476		<div style="font-size: 1.5em; font-weight: bold; margin: 0;">100018337411</div> <div style="font-size: 0.8em; margin: 0;">05/14/03-01030-001 **50.00</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM John Brinsko 3884 SE 23rd Court Ocala, FL 34480			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM Paul Logas 4846 NE 60th Terrace Ocala, FL 34488		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM Cheryl Hawk 919 SE 10th Avenue Ocala, FL 34471			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGRM Susan Kerns 1430 SW 43rd Place Ocala, FL 34474			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:				352-732-8955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	