

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90200 009 ***138.75

DOCUMENT # L04000055706

1. Entity Name
VOLUSIA PEDIATRICS, LLC



Principal Place of Business
**602 W. INDIAN RIVER BLVD., SUITE 1
EDGEWATER, FL 32141**

Mailing Address
**602 W. INDIAN RIVER BLVD., SUITE 1
EDGEWATER, FL 32141**

60014634



02052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0608888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA-PILCHICK, CRISTINA M.D.
602 W-INDIAN-RIVER-BLVD., SUITE 1
EDGEWATER, FL 32141**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: GARCIA-PILCHICK, CRISTINA M D
STREET ADDRESS: 436 QUAY ASSISI
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32169

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Cristina Garcia Pilchick, MD 2/19/08 (386) 424-1414