

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000115239

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TENDERCARE PEDIATRICS, LLC

**Current Principal Place of Business:**

5031 DEVON PARK DRIVE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

5031 DEVON PARK DRIVE  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 20-3874560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RANGANATHAN, RADHIKA  
27432 CASHFORD CIRCLE  
SUITE 102  
WESLEY CHAPEL, FL 33544 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:** MGR  
**Name:** RANGANATHAN, RADHIKA  
**Address:** 5031 DEVON PARK DRIVE  
**City-St-Zip:** TAMPA, FL 33647

**Title:** MGR  
**Name:** RANGANATHAN, NAGARAJAN  
**Address:** 5031 DEVON PARK DRIVE  
**City-St-Zip:** TAMPA, FL 33647

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:** RADHIKA RANGANATHAN

MGR

04/30/2012

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