

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060318

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** PARADISE PEDIATRICS, PL

**Current Principal Place of Business:**

3400 BEE RIDGE RD.  
120  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

4411 BEE RIDGE RD.  
419  
SARASOTA, FL 34233

**New Mailing Address:**

3400 BEE RIDGE RD.  
120  
SARASOTA, FL 34239

**FEI Number:** 26-2847307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUDD, ULRICH, SCARLETT, SUMMONTE & DEAN  
2940 S. TAMiami TRAIL  
SARASOTA, FL 34239 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:** SOUTHERLAND, SUZANNE M  
**Address:** 3400 BEE RIDGE RD., #120  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** MGR  
**Name:** MURREN-BOEZEM, JOANNE J  
**Address:** 3400 BEE RIDGE RD, #120  
**City-St-Zip:** SARASOTA, FL 34239

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:** SUZANNE SOUTHERLAND

MGR

03/28/2012

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