

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000092918

Entity Name: RS PEDIATRICS LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8940 N KENDALL DRIVE  
SUITE 603E  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 833416  
MIAMI, FL 33283 US

**New Mailing Address:**

FEI Number: 26-3461773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SAN JORGE, ANTONIA R MD  
8940 N KENDALL DRIVE  
SUITE 603E  
MIAMI, FL 33176 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: DR  
Name: SAN JORGE, ANTONIA R MD  
Address: PO BOX 833416  
City-St-Zip: MIAMI, FL 33283 US

Title: DR  
Name: RAMIREZ, JERONIMO MD  
Address: PO BOX 833416  
City-St-Zip: MIAMI, FL 33283 US

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: ANTONIA R SAN JORGE

DR

03/20/2012

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