

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038418

Entity Name: BALAJI PEDIATRICS, LLC

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2523 U.S. HIGHWAY 27 SOUTH, STE. 100  
AVON PARK, FL 33825

**New Principal Place of Business:**

2523 U.S. HIGHWAY 27 SOUTH,  
SUITE 100  
AVON PARK, FL 33825

**Current Mailing Address:**

2523 U.S. HIGHWAY 27 SOUTH, STE. 100  
AVON PARK, FL 33825

**New Mailing Address:**

2523 U.S. HIGHWAY 27 SOUTH,  
SUITE 100  
AVON PARK, FL 33825

FEI Number: 27-2627689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWAINE, ROBERT S  
425 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 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: MGRM  
Name: DESHPANDE, NAVIN D  
Address: 2523 U.S. HIGHWAY 27 SOUTH, STE. 100  
City-St-Zip: AVON PARK, FL 33825

Title: MGRM  
Name: DESHPANDE, SUNITA N  
Address: 2523 U.S. HIGHWAY 27 SOUTH, STE. 100  
City-St-Zip: AVON PARK, FL 33825

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: NAVIN D DESHPANDE

MGRM

03/23/2012

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