

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086063

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** SUN COUNTRY PEDIATRICS, PLLC

**Current Principal Place of Business:**

8391 OMAHA CIRCLE  
SPRING HILL, FL 34606 US

**New Principal Place of Business:**

**Current Mailing Address:**

8391 OMAHA CIRCLE  
SPRING HILL, FL 34606 US

**New Mailing Address:**

**FEI Number:** 27-3254911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADANI, SHEADA ESQUIRE  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 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:** GRIFFEN, MICHAEL B D.O.  
**Address:** 8391 OMAHA CIRCLE  
**City-St-Zip:** SPRING HILL, FL 34606 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:** MICHAEL GRIFFEN

MGRM

02/28/2011

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