

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109778

FILED  
Feb 23, 2012  
Secretary of State

**Entity Name:** FLORIDA PEDIATRIC CLINIC, PLLC

**Current Principal Place of Business:**

6866 PINE FOREST ROAD  
SUITE A  
PENSACOLA, FL 32526 US

**New Principal Place of Business:**

**Current Mailing Address:**

7400 VIVER NELL LANE  
PENSACOLA, FL 32526 US

**New Mailing Address:**

FEI Number: 27-3252817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YOLANDA, MAY Y  
7400 VIVER NELL LANE  
PENSACOLA, FL 32526 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: MAY, YOLANDA Y  
Address: 7400 VIVER NELL LANE  
City-St-Zip: PENSACOLA, FL 32526 US

Title: MGRM  
Name: FETKE, WILLIAM D  
Address: 7400 VIVER NELL LANE  
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM  
Name: MAY, BRANDON B  
Address: 7400 VIVER NELL LANE  
City-St-Zip: PENSACOLA, FL 32526

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: YOLANDA MAY

MGRM

02/23/2012

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