

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90093 046 ****50.00

DOCUMENT # L990Q0Q02289

1. Entity Name

PEDIATRICS PLUS INVESTMENTS, LLC

Principal Place of Business

**3849 OAKWATER CIRCLE
ORLANDO FL 32806**

Mailing Address

**3849 OAKWATER CIRCLE
ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3574130

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDING, ROBERT L ESQ
20 NORTH ORANGE AVE., SUITE 1000
ORLANDO FL 32801-4326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE - NAME
MGRM
CARR, W. DAVID M.D. ☐ Delete
STREET ADDRESS
3459 OAKWATER CIRCLE
CITY-ST-ZIP
ORLANDO FL 32806TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
MGRM
RODRIGUEZ, RICHARD G M.D. ☐ Delete
STREET ADDRESS
3459 OAKWATER CIRCLE
CITY-ST-ZIP
ORLANDO FL 32806TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)