

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002890

Entity Name: PENSACOLA PEDIATRICS PROPERTIES, LLC**Current Principal Place of Business:**4951 GRANDE DRIVE
PENSACOLA, FL 32504**Current Mailing Address:**4951 GRANDE DRIVE
PENSACOLA, FL 32504 US**FEI Number:** 03-0444712**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LENGA, HEATHER H
4951 GRANDE DRIVE
PENSACOLA, FL 32504 US*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:** HEATHER LENGA

02/16/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LENGA, HEATHER AM.D.
Address 4951 GRANDE DRIVE
City-State-Zip: PENSACOLA FL 32504

Title MGR
Name STADDEN, JENNIFER D. M.D.
Address 4951 GRANDE DRIVE
City-State-Zip: PENSACOLA FL 32504

Title MGR
Name FOLAND, AMY P. M.D.
Address 4951 GRANDE DRIVE
City-State-Zip: PENSACOLA FL 32504

Title MGR
Name EWERT, JESSICA C. M.D.
Address 4951 GRANDE DRIVE
City-State-Zip: PENSACOLA FL 32504

Title MGR
Name ANDREWS, CAROL
Address 4951 GRANDE DRIVE
City-State-Zip: PENSACOLA FL 32504

Title MGR
Name RAMOS, TIFFANY
Address 4951 GRANDE DRIVE
City-State-Zip: PENSACOLA FL 32504

Title MGR
Name STRAUB, JASON F
Address 4951 GRANDE DRIVE
City-State-Zip: PENSACOLA FL 32504

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER LENGA**MEMBER**

02/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date