

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032790

**Entity Name:** WEST DADE PEDIATRICS, P.L.

**Current Principal Place of Business:**

3220 SW 107 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

3220 SW 107 AVE  
MIAMI, FL 33165

**FEI Number:** 65-0380969

**Certificate of Status Desired:** No

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

EGUSQUIZA, JOHN EESQ  
9960 SW 40 ST  
MIAMI, FL 33165 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	EGUSQUIZA, JULIO	Name	EGUSQUIZA, MARIA V
Address	3220 SW 107 AVE.	Address	3220 S.W. 107 AVE.
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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:** JULIO EGUSQUIZA

**PRES**

**02/07/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date