

2014 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

MGRM

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date