

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102851

**Entity Name:** HIGH SPRINGS PEDIATRICS, LLC

**Current Principal Place of Business:**

19228 NW US HWY 441  
HIGH SPRINGS, FL 32643

**Current Mailing Address:**

19228 NW US HWY 441  
HIGH SPRINGS, FL 32643 US

**FEI Number:** 27-1793975

**Certificate of Status Desired:** No

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

AHMED, NASIR UDR  
19228 NW US HWY 441  
HIGH SPRING, FL 32643 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  
Name AHMED, NASIR U  
Address 19228 NW US HWY 441  
City-State-Zip: HIGH SPRINGS FL 32643

*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:** AHMED , NASIR U

MGRM

04/24/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date