# 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: CARLOS CHABAN

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L14000168550

#### Entity Name: CENTRAL FLORIDA PEDIATRIC URGENT CARE LLC

## Current Principal Place of Business:

425 S HUNT CLUB BLVD SUITE 1001 APOPKA, FL 32703

## **Current Mailing Address:**

425 S HUNT CLUB BLVD SUITE 1001 APOPKA, FL 32703 US

## FEI Number: 47-2201882

## Name and Address of Current Registered Agent:

PARACORP INCORPORATED 155 OFFICE PLAZA DR. 1ST FLOOR TALLAHASSEE, FL 32301 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	SCOTT G. MILLER			02/02/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	CHABAN, CARLOS	Name	CHABAN, MATTHEW	
Address	425 S HUNT CLUB BLVD SUITE 1001	Address	425 S HUNT CLUB BLVD SUITE 1001	
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703	

Certificate of Status Desired: No

MGR

02/02/2021

## FILED Feb 02, 2021 Secretary of State 4102117755CC

Date