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.

MGR

SIGNATURE: CARLOS CHABAN

Electronic Signature of Signing Authorized Person(s) Detail

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		
	Electronic Signature of Registered Agent		
Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	CHABAN, CARLOS	Name	CHABAN, MATTHEW
Address	425 S HUNT CLUB BLVD	Address	425 S HUNT CLUB BLVD

Name and Address of Current Registered Agent:

PARACORP INCORPORATED

155 OFFICE PLAZA DR.

1ST FLOOR

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

SUITE 1001

City-State-Zip: APOPKA FL 32703

Current Principal Place of Business:

425 S HUNT CLUB BLVD APOPKA, FL 32703

SUITE 1001

Current Mailing Address:

FEI Number: 47-2201882

DOCUMENT# L14000168550

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CENTRAL FLORIDA PEDIATRIC URGENT CARE LLC

Feb 06, 2023 Secretary of State 4818445437CC

> 02/06/2023 Date

FILED

Certificate of Status Desired: No

SUITE 1001

APOPKA FL 32703

City-State-Zip:

02/06/2023