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: JUSTIN FINA	MEMBER	04/23/2025		

MEMBER

Electronic Signature of Registered Agent Authorized Person(s) Detail :

Title	AR	Title	AR
Name	FINA, LERA L DO	Name	FINA, JUSTIN R
Address	22455 FLORA PARKE XING	Address	22455 FLORA PARKE XING
City-State-Zip:	FERNANDINA BEACH FL 32034	City-State-Zip:	FERNANDINA BEACH FL 32034

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: JUSTIN FINA

SIGNATURE:

Authorized Person(s) Detail :				
Title	AR	Title		
Name	FINA, LERA L DO	Name		

rrent Mailing Address:	

22455 FLORA PARKE XING FERNANDINA BEACH. FL 32034 US

FEI Number: 82-0710677

Name and Address of Current Registered Agent:

FINA, JUSTIN R 22455 FLORA PARKE XING FERNANDINA BEACH, FL 32034 US

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000044073

Entity Name: FLIP FLOPS AND LOLLIPOPS PEDIATRICS, LLC

Current Principal Place of Business:

22455 FLORA PARKE XING FERNANDINA BEACH, FL 32034

Cur

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 23, 2025 Secretary of State 6510904089CC

Date

Certificate of Status Desired: No

Date