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Detail by Entity Name

Florida Limited Liability Company
GRACE PEDIATRICS P.L.

Filing Information

Document Number	L11000108753
FEI/EIN Number	45-3400084
Date Filed	09/22/2011
Effective Date	09/21/2011
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/07/2013

Principal Address

4196 W US HIGHWAY 90 STE 105
LAKE CITY, FL 32055

Changed: 02/26/2019

Mailing Address

P.O. BOX 549
LAKE CITY, FL 32055

Changed: 01/13/2012

Registered Agent Name & Address

Airth, H. Adam, Jr.
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801

Name Changed: 06/19/2020

Address Changed: 03/11/2022

Authorized Person(s) Detail**Name & Address**

Title MGR

THOMPSON, COLLEEN
4196 W US HIGHWAY 90 STE 109
LAKE CITY, FL 32055

Annual Reports

Report Year	Filed Date
2020	06/19/2020
2021	04/28/2021
2022	03/11/2022

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000108753

Entity Name: GRACE PEDIATRICS P.L.

Current Principal Place of Business:

4196 W US HIGHWAY 90 STE 105
LAKE CITY, FL 32055

Current Mailing Address:

P.O. BOX 549
LAKE CITY, FL 32055

FEI Number: 45-3400084

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AIRTH, H. ADAM JR.
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND, FL 33801 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: H. ADAM AIRTH, JR.

03/11/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name THOMPSON, COLLEEN
Address 4196 W US HIGHWAY 90 STE 109
City-State-Zip: LAKE CITY FL 32055

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: COLLEEN THOMPSON

MGR

03/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date