


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000038523**  
 1. Entity Name  
**OVIEDO PEDIATRICS, PLC**



Principal Place of Business <b>2959 ALAFAYA TRAIL SUITE 101 OVIEDO, FL 32765</b>	Mailing Address <b>2959 ALAFAYA TRAIL SUITE 101 OVIEDO, FL 32765</b>
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04192006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2463045</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**MILLER, MARIA M. M.D.  
 2959 ALAFAYA TRAIL  
 SUITE 101  
 OVIEDO, FL 32765**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent with title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MILLER, MARIA L M.D. 2959 ALAFAYA TRAIL, SUITE 101 OVIEDO, FL 32765</b>
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 05/06/06-801106-021 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE  DATE 4/19/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Filing Fee #