


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000038523
 1. Entity Name
 OVIEDO PEDIATRICS, PLC



Principal Place of Business 2959 ALAFAYA TRAIL SUITE 101 OVIEDO, FL 32765	Mailing Address 2959 ALAFAYA TRAIL SUITE 101 OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



03252008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2463045	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, MARIA M. M.D.
 2959 ALAFAYA TRAIL
 SUITE 101
 OVIEDO, FL 32765

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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000877915
 04/14/08-80033-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, MARIA L M.D. 2959 ALAFAYA TRAIL, SUITE 101 OVIEDO, FL 32765
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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 608, Florida Statutes.

SIGNATURE: *[Signature]* **4/3/08** **(407) 366-8321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #