

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000055115

FILED
Sep 01, 2005
Secretary of State**Entity Name:** SAWGRASS PEDIATRICS, LLC**Current Principal Place of Business:**9750 NW 33RD STREET
SUITE 101
CORAL SPRINGS, FL 33065**New Principal Place of Business:****Current Mailing Address:**9750 NW 33RD STREET
SUITE 101
CORAL SPRINGS, FL 33065**New Mailing Address:****FEI Number:** 20-1415382**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KATZ, LORNE M.D.
9750 NW 33RD STEET
SUITE 101
CORAL SPRINGS, FL 33065 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MD () Delete
Name: KATZ, LORNE MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MD (X) Change () Addition
Name: KATZ, LORNE MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 USTitle: MD () Change (X) Addition
Name: WATERS, SUSAN MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 USTitle: MD () Change (X) Addition
Name: MILLER, LORI MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 USTitle: MD () Change (X) Addition
Name: MARTELL, ANTHONY MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 USTitle: MD () Change (X) Addition
Name: DI LIDDO, ALINA MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRING, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LORNE KATZ MD

MD

09/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date