

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055115

FILED  
Jan 05, 2010  
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:**

**Name and Address of New Registered Agent:**

KATZ, LORNE M.D.  
9750 NW 33RD STEET  
SUITE 101  
CORAL SPRINGS, FL 33065 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MD  
Name: KATZ, LORNE MD  
Address: 9750 NW 33RD STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MD  
Name: WATERS, SUSAN MD  
Address: 9750 NW 33RD STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MD  
Name: MILLER, LORI MD  
Address: 9750 NW 33RD STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MD  
Name: MARTELL, ANTHONY MD  
Address: 9750 NW 33RD STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MD  
Name: DI LIDDO, ALINA MD  
Address: 9750 NW 33RD STREET  
City-St-Zip: CORAL SPRING, FL 33065 US

Title: MD  
Name: MUSSARY, JORDAN MD  
Address: 9750 NW 33RD STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby 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

DR

01/05/2010

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