

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State


04-02-2007 90438 016 ****50.00

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DOCUMENT # L06000064284

1. Entity Name
CSA PEDIATRICS, P.L.



Principal Place of Business Mailing Address
6006 49TH STREET NORTH, SUITE 310 **6006 49TH STREET NORTH, SUITE 310**
ST. PETERSBURG, FL 33709 **ST. PETERSBURG, FL 33709**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-5132661 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MURBACH, RICHARD M.D.
6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR JAMES A. QUINTESSENZA MD 6006 49TH ST. N. SUITE 310 ST. PETERSBURG, FL 33709	
		MGR JEFFREY P. JACOBS MD 6006 49TH ST. N. SUITE 310 ST. PETERSBURG, FL 33709	
		MGR PAUL CHAI, MD 6006 49TH ST. N. SUITE 310 ST. PETERSBURG, FL 33709	

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: *Richard M. Murbach* 3/28/07 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #