

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064284

Entity Name: CSA PEDIATRICS, P.L.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 20-5132661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTESSENZA, JAMES A MD
6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709 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: MGRM () Delete
Name: QUINTESSENZA, JAMES A MD
Address: 6006 49TH ST NORTH STE 310
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: MGR () Delete
Name: JACOBS, JEFFREY P
Address: 6006 49TH ST NORTH STE 310
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: MGR () Delete
Name: CHAI, PAUL MD
Address: 6006 49TH ST NORTH STE 310
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES A QUINTESSENZA MD

MGRM

03/31/2009

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