

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096881

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: ATLANTIC PEDIATRIC PARTNERS, LLC

**Current Principal Place of Business:**

5310 N.W. 33RD AVENUE  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

5310 N.W. 33RD AVENUE  
216  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

5310 N.W. 33RD AVENUE  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

5310 N.W. 33RD AVENUE  
216  
FT. LAUDERDALE, FL 33309

FEI Number: 26-3549264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO ( ) Change (X) Addition  
Name: GOLDBERG, PAUL  
Address: 5310 N W 33RD AVE., #216  
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: CMO ( ) Change (X) Addition  
Name: CAPOTE, MAYRA  
Address: 5310 N W 33RD AVE., #216  
City-St-Zip: FORT LAUDERDALE, FL 33306

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: MAYRA CAPOTE MD

CMO

06/29/2009

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