

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006015

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** PEDIATRIA HEALTHCARE, LLC

**Current Principal Place of Business:**

5185 PEACHTREE PARKWAY, NW  
SUITE 350  
NORCROSS, GA 30092

**New Principal Place of Business:**

**Current Mailing Address:**

5185 PEACHTREE PARKWAY, NW  
SUITE 350  
NORCROSS, GA 30092

**New Mailing Address:**

FEI Number: 20-4498537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HENDERSON, JAMES  
31 COUNTRY CLUB EAST  
DESTIN, FL 32541 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: MGR  
Name: HENDERSON, JAMES  
Address: 31 COUNTRY CLUB EAST  
City-St-Zip: DESTIN, FL 32541

Title: MGR  
Name: DIGNAN, SUSAN E MGR.  
Address: 876 HERITAGE PLACE  
City-St-Zip: DECATUR, GA 30033 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: SUSAN E. DIGNAN

MGR

01/07/2011

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