FILED
Jan 14, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000004369

1. Entity Name
WESTCHESTER PEDIATRIC ASSOCIATES, L.C.

Principal Place of Business	Mailing Address
7000 S.W. 97TH AVENUE, STE 114 MIAMI, FL 33173-1474	7000 S.W. 97TH AVENUE, STE 114 MIAMI, FL 33173-1474

01112005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
65-0932335
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN E
80 S.W. 8TH STREET, STE 2550
MIAMI, FL 33130

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUIZ-CASTANEDA, NORMAN
STREET ADDRESS	7000 S.W. 97TH AVE., STE 114
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	FERNANDEZ-PUJOL, MARGARITA
STREET ADDRESS	7000 S.W. 97TH AVE., STE 114
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	MONTIEL, CHRISTINA R
STREET ADDRESS	7000 S.W. 97TH AVE., STE 114
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	LARCADA, PAMELA
STREET ADDRESS	7000 S.W. 97TH AVE., STE 114
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	LOPEZ, JOHANNES
STREET ADDRESS	7000 SW 97TH AVE., STE. 114
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000181529
01/18/05-60001-008 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #