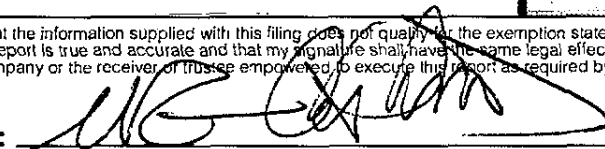


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L99000004369		
1. Entity Name WESTCHESTER PEDIATRIC ASSOCIATES, L.C.		
Principal Place of Business 7000 S.W. 97TH AVENUE, STE 114 MIAMI, FL 33173-1474		Mailing Address 7000 S.W. 97TH AVENUE, STE 114 MIAMI, FL 33173-1474
DO NOT WRITE IN THIS SPACE		
01112005No Chg-LLC CR2E083 (10/03)		
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		DO NOT WRITE IN THIS SPACE
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 reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUIZ-CASTANEDA, NORMAN 7000 S.W. 97TH AVE., STE 114 MIAMI, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ-PUJOL, MARGARITA 7000 S.W. 97TH AVE., STE 114 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTIEL, CHRISTINA R 7000 S.W. 97TH AVE., STE 114 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARCADA, PAMELA 7000 S.W. 97TH AVE., STE 114 MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, JOHANNES 7000 SW 97TH AVE., STE. 114 MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 #