2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State

03-07-2005 90060 006 ****50.00

2/21/05 919-383-0355

Daytime Phone #

Date

DOCUMENT # L00000015741 1. Entity Name DADE COUNTY EMERGENCY PEDIATRICS, LLC										
Principal Place 1000 PARK F DURHAM, NC	ORTY PLAZ		Mailing Address 1000 PARK FORTY PLAZA DURHAM, NC 27713							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252005	Chg-LLC	CR2E083	(10/03)	
City & State			City & State			4. FEI Num	ber 3048 8 56-22	24781	— ——	olied For Applicable
Zip	Country		Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current F				7. Name ar	d Address of New R	egistered Ag	ent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE										
was recovered to the control of the										
Filing Fee is \$50.00 Due by May 1, 2005								e check pay Departmen		
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	TT-12.			TITLE	M	erm			Change	Addition
NAME	PEDIATR	IC CONSULTANTS OF	BROWARD COUNTY IN NAME				PHYSICIAN SERV	nces, wa		_
STREET ADDRESS CITY-ST-ZIP	ľ	DASDAILE DRIVE I, NC 27705		STREET AC		BO PARK FORTY URHAM, N.C.	PLAZA SUITE 27713	500		
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City-ST-ZIP				CITY-ST-						
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.										

Eugene F. Dauchert F.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE