


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L00000015741		
1. Entity Name DADE COUNTY EMERGENCY PEDIATRICS, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 AM 9:06

Principal Place of Business 1000 PARK FORTY PLAZA #500 DURHAM, NC 27713	Mailing Address 1000 PARK FORTY PLAZA #500 DURHAM, NC 27713
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2. Principal Place of Business - No P.O. Box # 6400 Atlantic Blvd	3. Mailing Address 6400 Atlantic Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 56-2224781	Applied For Not Applicable
Zip 32211	Country USA	Zip 32211	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
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.

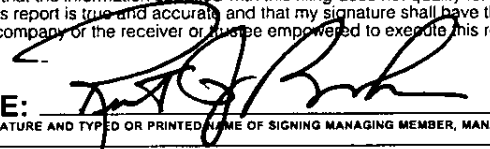
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERLING GROUP PHYSICIAN SERVICES, LLC 1000 PARK FORTY PLAZA SUITE 500 DURHAM, NC 27713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6400 ATLANTIC BLVD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600129458996 05/14/08--01024--014 **1560.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Robert J. Bunker, Manager	Date 4/21/08	Daytime Phone # 904-805-1300
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g/1a