

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90066 006 ***150.00

DOCUMENT # L01000010049



1. Entity Name
TENDER CARE PEDIATRICS, LLC

Principal Place of Business
P.O. BOX 39865
FORT LAUDERDALE, FL 33339

Mailing Address
P.O. BOX 39865
FORT LAUDERDALE, FL 33339

24060507



2. Principal Place of Business
100 E. Commercial
Suite, Apt. #, etc. A100

3. Mailing Address
As above
Suite, Apt. #, etc.

03252004 Chg-LLC CR2E083 (10/03)

City & State
Ft. Lauderdale FL

City & State

4. FEI Number
04-3648801
Applied For
Not Applicable

Zip
33334
Country
Brazing

Zip
Country

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

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE, FL 33311

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 U. A. Siddiqi USMAN M. SIDDIQI 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIDDIQI, USMAN M P.O. BOX 39865 FORT LAUDERDALE, FL 33339 <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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: U. A. Siddiqi USMAN M. SIDDIQI (954) 351-0802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 0202