2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2008
Secretary of State

DOCUMENT# L01000010443

Entity Name: NEW PEDIATRIC BUILDING, L.L.C.

Current Principal Place of Business:

1500 S.E. 17TH STREET
BUILDING 600
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1500 S.E. 17TH STREET
BUILDING 600
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3728460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STEET
SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MORSE, KENNETH	
Address:	9155 SW 19TH AVE	
City-St-Zip:	OCALA, FL 34476	
Title:	MGRM	( ) Delete
Name:	BRINSKO, JOHN	
Address:	3884 SE 23RD CT	
City-St-Zip:	OCALA, FL 34480	
Title:	MGRM	( ) Delete
Name:	LOGAS, PAUL	
Address:	4846 NE 60TH TERR	
City-St-Zip:	OCALA, FL 34488	
Title:	MGRM	( ) Delete
Name:	HAWK, CHERYL	
Address:	919 SE 10TH AVE	
City-St-Zip:	OCALA, FL 34471	
Title:	MGRM	( ) Delete
Name:	KERNS, SUSAN	
Address:	1430 SW 43RD PLACE	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL C LOGAS, M.D. PRES 06/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date