

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010443

FILED
Mar 20, 2009
Secretary of State

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 ()

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 MD

PRES

03/20/2009

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