


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90119 028 ****50.00

DOCUMENT # L01000011279 1. Entity Name PEDIATRIC CARE OF POMPANO, LLC			
Principal Place of Business 2828 CROASDALE DR. DURHAM, NC 27705		Mailing Address NAVIGANT CONSULTING TWO NORTH CHARLES STREET SUITE 400 BALTIMORE, MD 21201	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Penta Advisory Services, LLC Two North Charles Street Suite 400 Baltimore, Maryland 21201	
City & State		4. FEI Number 56-2260195	
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Country		04272005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR GOLDSTEIN, CHARLES R TWO NORTH CHARLES STREET SUITE 400 BALTIMORE, MD 21201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRO, Director Charles R. Goldstein Penta Advisory Services, LLC Two North Charles Street-Suite 400 Baltimore, Maryland 21201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>James C. Holman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF</small>		James C. Holman, Attorney/Authorized Rep. April 28, 2005 410-347-8790	