2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000002890

1. Entity Name
PENSACOLA PEDIATRICS PROPERTIES, LLC

Principal Place of Business	Mailing Address
4951 GRANDE DRIVE PENSACOLA, FL 32504	4951 GRANDE DRIVE PENSACOLA, FL 32504

02092005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0444712
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEAN, PHILIP C M.D.
4951 GRANDE DRIVE
PENSACOLA, FL 32504

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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 _____
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, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CLUBBS, ROGER C M.D.
STREET ADDRESS	4951 GRANDE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	MGR
NAME	ATWELL, BERNARD C M.D.
STREET ADDRESS	4951 GRANDE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	MGR
NAME	DEAN, PHILIP C M.D.
STREET ADDRESS	4951 GRANDE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	MGR
NAME	LENGA, HEATHER A M.D.
STREET ADDRESS	4951 GRANDE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/05-80099-023 50.00

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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: _____ 4-21-05 850-4730100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #