

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

04-23-2008 90119 001 ***138.75

DOCUMENT # L02000002890

1. Entity Name
PENSACOLA PEDIATRICS PROPERTIES, LLC



Principal Place of Business
**4951 GRANDE DRIVE
PENSACOLA, FL 32504**

Mailing Address
**4951 GRANDE DRIVE
PENSACOLA, FL 32504**



01082008 No Chg-LLC

CR2E083 (12/07)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CLUBBS, ROGER C M.D.
4951 GRANDE DRIVE
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DEAN, PHILIP C M.D.
4951 GRANDE DRIVE
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LENGA, HEATHER A M.D.
4951 GRANDE DRIVE
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/22/08

Date

850-493-0100

Daytime Phone #