

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028969

FILED
Apr 16, 2009
Secretary of State

Entity Name: NIGHT LITE PEDIATRIC CENTER, LLC

Current Principal Place of Business:

844 N. THORNTON AVENUE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 533374
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 27-0034858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESAI, VIVEK S M.D.
844 N. THORNTON AVENUE
ORLANDO, FL 32803 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: D () Delete
Name: OTEGBEYE, AYODEJI B
Address: 844 NORTH THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: DESAI, VIVEK S
Address: 844 NORTH THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: SOREMI, OLUDAPO F
Address: 844 NORTH THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

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:

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: VIVEK S. DESAI

D

04/16/2009

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