


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90437 010 \*\*\*\*50.00

**DOCUMENT # L02000032790**  
1. Entity Name  
**WEST DADE PEDIATRICS, P.L.**



Principal Place of Business Mailing Address  
7100 W. 20TH AVE., #608 7100 W. 20TH AVE., #608  
HIALEAH FL 33016 HIALEAH FL 33016

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

24022648  
MOORE CR2E083 (11/03)  
4. FEI Number **65-0380969** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**EGUSQUIZA, JOHN E ESQ**  
**9130 S. DADELAND BLVD., STE. 1209**  
**MIAMI FL 33156**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EGUSQUIZA, JULIO	
STREET ADDRESS	3220 SW 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EGUSQUIZA, MARIA V	
STREET ADDRESS	3220 S.W. 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  **3/04** **305 551-1191**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #