## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000032790

Entity Name: WEST DADE PEDIATRICS, P.L.

FILED May 15, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7100 W. 20TH AVE., #608 HIALEAH, FL 33016

**Current Mailing Address: New Mailing Address:** 

7100 W. 20TH AVE., #608 HIALEAH, FL 33016

FEI Number: 65-0380969 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EGUSQUIZA, JOHN E ESQ EGUSQUIZA, JOHN E ESQ 9130 S. DADÉLAND BLVD., STE. 1209 8603 S DIXIE HWY

MIAMI, FL 33156 PINECREST, FL 33143 US

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: JOHN EGUSQUIZA 05/15/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

EGUSQUIZA, JULIO Name: Name: Address: 3220 SW 107 AVE. Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

EGUSQUIZA, MARIA V Name: Name: Address: 3220 S.W. 107 AVE. Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIO C EGUSQUIZA **MGRM** 05/15/2005