

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 10, 2006
Secretary of State**

DOCUMENT# L02000032790

Entity Name: WEST DADE PEDIATRICS, P.L.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

EGUSQUIZA, JOHN E ESQ
8603 S DIXIE HWY
PINECREST, FL 33143 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: MGRM () Delete
Name: EGUSQUIZA, JULIO
Address: 3220 SW 107 AVE.
City-St-Zip: MIAMI, FL 33165

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

ADDITIONS/CHANGES:

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 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: JULIO EGUSQUIZA MGRM 01/10/2006

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