

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032790

FILED
Jan 19, 2007
Secretary of State

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:

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

Current Mailing Address:

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

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 ()

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:

EGUSQUIZA, JOHN E ESQ
9960 SW 40 ST
MIAMI, FL 33165 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

01/19/2007

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 C EGUSQIZA

MGRM

01/19/2007

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