

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000026202

1. Entity Name
NAVARRE PEDIATRICS, P.L.



Principal Place of Business

8750 ORTEGA PARK
NAVARRE, FL 32566

Mailing Address

8750 ORTEGA PARK
NAVARRE, FL 32566



03022005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

20-0095939

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNSTON, GARY W
125 W. ROMANA STREET, SUITE 800
PENSACOLA, FL 32502

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IN THIS SPACE**

6. 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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME GOWENI, HEBBA EL MD
STREET ADDRESS 1197 MARY LOU LANE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE VP
NAME MOUSA, OMAIMA MD
STREET ADDRESS 2314 MALYSA PLACE
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/22/05-80008-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Heba El Goweni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/18/05

Date

(850) 939-5550

Daytime Phone #