

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026202

FILED
Mar 24, 2008
Secretary of State

Entity Name: NAVARRE PEDIATRICS, P.L.

Current Principal Place of Business:

8750 ORTEGA PARK
NAVARRE, FL 32566

New Principal Place of Business:

8880 NAVARRE PARKWAY
SUITE 102
NAVARRE, FL 32566

Current Mailing Address:

8750 ORTEGA PARK
NAVARRE, FL 32566

New Mailing Address:

8880 NAVARRE PARKWAY
SUITE 102
NAVARRE, FL 32566

FEI Number: 20-0095939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

03/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GOWENI, HEBA EL MD
Address: 1197 MARY LOU LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: VP () Delete
Name: MOUSA, OMAIMA MD
Address: 2314 MALYSA PLACE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MOUSA, OMAIMA MD
Address: 7125 SCENIC HAY
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify 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: HEBA EL GOWENI

PRES

03/24/2008

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