

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026202

Entity Name: NAVARRE PEDIATRICS, P.L.

FILED  
Feb 04, 2009  
Secretary of State

**Current Principal Place of Business:**

8880 NAVARRE PARKWAY  
SUITE 102  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

8880 NAVARRE PARKWAY  
SUITE 102  
NAVARRE, FL 32566

**New Mailing Address:**

FEI Number: 20-0095939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUSTON, GARY W  
125 W. ROMANA STREET, SUITE 800  
PENSACOLA, FL 32502 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: 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: 7125 SCENIC HAY  
City-St-Zip: PENSACOLA, FL 32504

**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 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

02/04/2009

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