

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035627

**FILED**  
**May 01, 2004**  
**Secretary of State**

**Entity Name:** EMED CHART/PEDIATRICS, LLC

**Current Principal Place of Business:**

8950 N. KENDAL DR, STE 403  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8950 N. KENDAL DR, STE 403  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

DELGADO, PABLO E  
8950 N. KENDAL DR, STE 403  
MIAMI, FL 33176

**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/MEMBERS:**

Title:                      MGR                      ( ) Delete  
Name:                      DELGADO, PABLO E  
Address:                      8950 N. KENDAL DR, STE 403  
City-St-Zip:                      MIAMI, FL 33176

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: PABLO E. DELGADO

MGR

05/01/2004

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