

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90040 005 ****50.00

DOCUMENT # L03000035627					
1. Entity Name EMED CHART/PEDIATRICS, LLC					
Principal Place of Business 8950 N. KENDAL DR, STE 403 MIAMI, FL 33176			Mailing Address 8950 N. KENDAL DR, STE 403 MIAMI, FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELGADO, PABLO E 8950 N. KENDAL DR, STE 403 MIAMI, FL 33176				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL Zip Code	
8. 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 				DATE 4-19-05	
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			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELGADO, PABLO E		NAME		
STREET ADDRESS	8950 N. KENDAL DR, STE 403		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 4-19-05 (305) 598-3898	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

