

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000045658

**FILED**  
**Mar 28, 2005**  
**Secretary of State**

**Entity Name:** PEDIATRIC MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

C/O 7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:** 20-0646599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRIS, STUART R ESQ.  
C/O 7000 W. PALMETTO PARK ROAD  
SUITE 310  
BOCA RATON, FL 33433 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: STELNICKI, ERIC J MD  
Address: 1150 N 35TH AVE SUITE 540  
City-St-Zip: HOLLYWOOD, FL 33315

**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:** ERIC STELNICKI

MGR

03/28/2005

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