

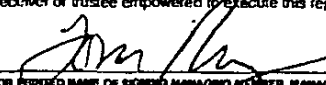
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2005 90032 001 ***50.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:02

DOCUMENT # L04000046775					
1. Entity Name GULF BREEZE PEDIATRIC SERVICES P.L.					
Principal Place of Business 204 CENTER DRIVE GULF BREEZE, FL 32561			Mailing Address 204 CENTER DRIVE GULF BREEZE, FL 32561		
2. Principal Place of Business		3. Mailing Address 335 Andrew JACKSON			
Suite, Apt. #, etc.		Suite, Apt. #, etc. GULF Breeze			
City & State		City & State FL		4. FEI Number 20-1358617	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
32561	USA	32561	USA		
6. Name and Address of Current Registered Agent RINEY, THOMAS D 204 CENTER DRIVE GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reversing)					
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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM RINEY, THOMAS 204 CENTER DRIVE GULF BREEZE, FL 32561	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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 the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.					
SIGNATURE: 			THOMAS D. RINEY 1-5-04 932-1438		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		