2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2005 90032 001 ****50.00
L04000046775
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:02

01042005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000046775

1. Entity Name
GULF BREEZE PEDIATRIC SERVICES P.L.

Principal Place of Business	Mailing Address
204 CENTER DRIVE GULF BREEZE, FL 32561	~~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	
Zip	Country	Zip 32561	Country USA

4. FEI Number 20-1358617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RINEY, THOMAS D 204 CENTER DRIVE GULF BREEZE, FL 32561	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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 608, Florida Statutes.

SIGNATURE: [signature] Thomas D Riney 1-5-04 (850) 932-1438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #