

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046775

FILED  
Jul 12, 2007  
Secretary of State

**Entity Name:** GULF BREEZE PEDIATRIC SERVICES P.L.

**Current Principal Place of Business:**

335 ANDREW JACKSON  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

1530 AIRPORT BLVD  
PENSACOLA, FL 32504

**Current Mailing Address:**

335 ANDREW JACKSON  
GULF BREEZE, FL 32561

**New Mailing Address:**

1530 AIRPORT BLVD  
PENSACOLA, FL 32504

FEI Number: 20-1358617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

RINEY, THOMAS D  
335 ANDREW JACKSON TRAIL  
GULF BREEZE, FL 32561      US

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

AFTER HOURS HEALTHCARE  
1530 AIRPORT BLVD  
PENSACOLA, FL 32504      US

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: THOMAS RINEY

07/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RINEY, THOMAS  
Address: 204 CENTER DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RINEY, THOMAS MD  
Address: 1530 AIRPORT BLVD  
City-St-Zip: PENSACOLA, FL 32504

Title: MRGM ( ) Change (X) Addition  
Name: WOLFF, COREY MD  
Address: 1530 AIRPORT BLVD  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS RINEY, MD

MGRM

07/12/2007

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