

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055115

FILED
Feb 12, 2008
Secretary of State

Entity Name: SAWGRASS PEDIATRICS, LLC

Current Principal Place of Business:

9750 NW 33RD STREET
SUITE 101
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9750 NW 33RD STREET
SUITE 101
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-1415382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, LORNE M.D.
9750 NW 33RD STEET
SUITE 101
CORAL SPRINGS, FL 33065 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/MANAGERS:

Title: MD () Delete
Name: KATZ, LORNE MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MD () Delete
Name: WATERS, SUSAN MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MD () Delete
Name: MILLER, LORI MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MD () Delete
Name: MARTELL, ANTHONY MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MD () Delete
Name: DI LIDDO, ALINA MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRING, FL 33065 US

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD () Change (X) Addition
Name: MUSSARY, JORDAN MD
Address: 9750 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: LORNE KATZ, MD

MD

02/12/2008

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