2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055706

Entity Name: VOLUSIA PEDIATRICS, LLC

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

602 W. INDIAN RIVER BLVD., SUITE 1 317 S. DIXIE FREEWAY

EDGEWATER, FL 32141 NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

602 W. INDIAN RIVER BLVD., SUITE 1 317 S. DIXIE FREEWAY

EDGEWATER, FL 32141 NEW SMYRNA BEACH, FL 32168

FEI Number: 05-0608888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GARCIA-PILCHICK, CRISTINA M.D.
602 W. INDIAN RIVER BLVD., SUITE 1
EDGEWATER, FL 32141 US
GARCIA-PILCHICK, CRISTINA M.D.
317 S. DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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: 03/31/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: GARCIA-PILCHICK, CRISTINA M.D. Name: GARCIA-PILCHICK, CRISTINA M.D.

Address: 436 QUAY ASSISI Address: 436 QUAY ASSISI

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US City-St-Zip: NEW SMYRNA BEACH, FL 32169 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: CRISTINA GARCIA-PILCHICK, M.D. MGRM 03/31/2009