

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066261

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** THE CHILDREN'S CENTER LLC

**Current Principal Place of Business:**

455 WEST WARREN AVENUE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

550 E. STATE ROAD 434  
LONGWOOD, FL 32750

**Current Mailing Address:**

455 WEST WARREN AVENUE  
LONGWOOD, FL 32750

**New Mailing Address:**

550 E. STATE ROAD 434  
LONGWOOD, FL 32750

FEI Number: 20-1593801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AM&E SERVICES LLC  
605 E ROBINSON STREET  
SUITE 730  
ORLANDO, FL 32801 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: MGR ( ) Delete  
Name: PHYSICIAN ASSOCIATES, LLC  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PHYSICIAN ASSOCIATES, LLC  
Address: 550 E. STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

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: DENNIS J. BUHRING

MGRM

04/22/2008

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