

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005966

Entity Name: KIDD-Y-ATRICS, PLLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

2001 SW 172ND AVENUE
MIRAMAR, FL 33029

New Principal Place of Business:

1951 SW 172ND AVENUE
SUITE 410
MIRAMAR, FL 33029

Current Mailing Address:

2001 SW 172ND AVENUE
MIRAMAR, FL 33029

New Mailing Address:

1951 SW 172ND AVENUE
SUITE 410
MIRAMAR, FL 33029

FEI Number: 20-2186040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNIVERSAL LAW CENTER, LLC
7491 WEST OAKLAND PARK BOULEVARD
SECOND FLOOR
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

PATRICK, CHRISTOPHER L
4985 SW 74TH COURT
MIAMI, FL 33155 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: CHRISTOPHER PATRICK

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JASSETT MARAGH, PA,
Address: 9734 SW 133RD COURT
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: HUA E. FANG-PATRICK,, PA
Address: 3241 SW 186TH TERRACE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HUA E. FANG-PATRICK

MGRM

04/30/2006

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