2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # L05000015572 03-29-2006 90023 043 ****50.00 KNIGHT PEDIATRICS, LLC Principal Place of Business Mailing Address 7000 S.W. 97 AVENUE, #114 7000 S.W. 97 AVENUE, #114 MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Cha-LLC CR2E083 (11/05) 4. FEI Number 74-3139309 City & State Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lopez, Johannes RUIZ-CASTANEDA, NORMAN Street Address (P.O. Box Number is Not Acceptable) 6000 S.W. 32 STREET MIAMI, FL 33155 Miami 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE d title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM MGR ☐ Change TITI F TITLE Addition ☐ Delete Lopez, Johannes I. 11464 SW 74st RUIZ-CASTANEDA, NORMAN NAME NAME STREET ADDRESS 6000 S.W. 32 STREET STREET ADDRESS MIAMI, FL 33155 CITY-ST-71P FI 33172 MIAMI CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 AND TYPED OR PRINTED NAME OF SIGNING MARKISING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #

Date

2006 LIMITED LIABILITY COMPANY TACHMENT 3/29/2006-90023-043-550:00-550.00 9 74 3/393 74 3/393 DOCUMENT #105000015572 1. Entity Name
KNIGHT PEDIATRICS, LLC Principal Place of Business Mailing Address 7000 S.W. 97 AVENUE, #114 7000 S.W. 97 AVENUE, #114 MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 CR2E083 (11/05) Chg-LLC - Applied For City & State City & State FHI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHANNES RUIZ-CASTANEDA, NORMAN 6000 S.W. 32 STREET MIAMI, FL 33155 Mani 8. 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. I am the obligations of registered agent. SIGNATURE Signature, typed or printed name of register (NOTE: Registered Agent algreture required when refreshing) Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MUE TITLE ☐ Delete Change Addition RUIZ-CASTANEDA, NORMAN NAME NAME STREET ADDRESS 6000 S.W. 32 STREET STREET ADDRESS CITY-SY-71P MIAMI, FL 33155 CITY-\$1-70 MER TITLE Delete TITLE Change Addition Lopez, Johannes NULE NUME 11464 SW 7451 STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP ☐ Deleta TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete MILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP MILE Oelete MILE ☐ Change ☐ Addition NULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY-ST-ZP tifLE ☐ Change ☐ Addition IIILE C Ocieta MALE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my lightness shall neve the same legal effect as if made under path; that I am a managing member or manager of the limited liability company or the receiver or trustee empowdred to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE