

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022992

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** FLORIDA PEDIATRIC PULMONOLOGY, LLC

**Current Principal Place of Business:**

9800 S. HEALTHPARK DRIVE, SUITE 110  
FORT MYERS, FL 33908

**New Principal Place of Business:**

15740 NEW HAMPSHIRE CT.  
SUITE B  
FORT MYERS, FL 33908

**Current Mailing Address:**

9800 S. HEALTHPARK DRIVE, SUITE 110  
FORT MYERS, FL 33908

**New Mailing Address:**

15740 NEW HAMPSHIRE CT.  
SUITE B  
FORT MYERS, FL 33908

**FEI Number:** 20-2451033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAVERIO, LUIS A M.D.  
9800 S. HEALTHPARK DRIVE, SUITE 110  
FORT MYERS, FL 33908 US

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

FAVERIO, LUIS A M.D.  
15740 NEW HAMPSHIRE CT.  
SUITE B  
FORT MYERS, FL 33908 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: LUIS A. FAVERIO

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FAVERIO, LUIS A MD  
Address: 15740 NEW HAMPSHIRE CT. SUITE B  
City-St-Zip: FORT MYERS, FL 33908

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: LUIS A. FAVERIO

MGR

04/27/2006

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