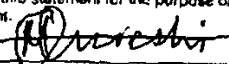
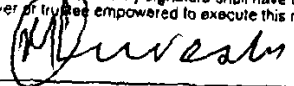


FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90033 041 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000029249					
1. Entity Name BEST PEDIATRIC CARE, L.L.C.					
Principal Place of Business 8942 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836		Mailing Address 8942 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2553393	
				Applied For Not Applicable	
5. Name and Address of Current Registered Agent QURESHI, AKBAR ADIL 8942 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836				6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip: 2006	
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  Error					
Signature, typed or printed name of registered agent and fee, 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			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QURESHI, AKBAR ADIL 8942 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QURESHI, SARWAT JABBAR 8942 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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:  4/26/06					
Signature and typed or printed name of signing managing member, manager, or authorized representative					
Date					
Day/Month/Year					