

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029249

Entity Name: BEST PEDRIATRIC CARE, L.L.C.

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

8942 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

591 OAK COMMONS BLVD.
A
ORLANDO, FL 34741

Current Mailing Address:

8942 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836

New Mailing Address:

10507 EMERALD CHASE DRIVE
ORLANDO, FL 32836

FEI Number: 20-2553393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

QURESHI, AKBAR ADIL
8942 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

QURESHI, AKBAR ADIL
10507 EMERALD CHASE DRIVE
ORLANDO, FL 32836 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: AKBAR QURESHI

05/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QURESHI, AKBAR ADIL
Address: 8942 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: QURESHI, SARWAT JABBAR
Address: 8942 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QURESHI, AKBAR ADIL
Address: 10507 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM (X) Change () Addition
Name: QURESHI, SARWAT JABBAR
Address: 10507 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

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: AKBAR QURESHI

MD

05/04/2007

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