

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000029249

**FILED**  
**Oct 25, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

591 OAK COMMONS BLVD.  
A  
ORLANDO, FL 34741

**New Principal Place of Business:**

431 WEST VINE STREET  
ORLANDO, FL 34741

**Current Mailing Address:**

10507 EMERALD CHASE DRIVE  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:** 20-2553393      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

**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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

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

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

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

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

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

10/25/2008

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