

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032672

**FILED**  
**Apr 21, 2008**  
**Secretary of State**

**Entity Name:** AVENTURA PRIVATE PEDIATRICS, LLC

**Current Principal Place of Business:**

19030 N.E. 29TH AVENUE  
AVENTURA, FL 33180

**New Principal Place of Business:**

19084 N.E. 29TH AVENUE  
AVENTURA, FL 33180

**Current Mailing Address:**

19030 N.E. 29TH AVENUE  
AVENTURA, FL 33180

**New Mailing Address:**

5722 SOUTH FLAMINGO ROAD  
168  
COOPER CITY, FL 33330

FEI Number: 05-0622071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRANTZ, WARREN M M.D.  
Address: 19030 N.E. 29TH AVENUE  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KRANTZ, WARREN M M.D.  
Address: 19084 N.E. 29TH AVENUE  
City-St-Zip: AVENTURA, FL 33180

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: WARREN KRANTZ

PRES

04/21/2008

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