

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90179 006 \*\*\*\*50.00

**DOCUMENT # L05000063531**

1. Entity Name  
**GAINESVILLE PEDIATRIC REAL ESTATE PARTNERS,  
LLC**



Principal Place of Business  
**6440 WEST NEWBERRY ROAD, STE. 402  
GAINESVILLE, FL 32605**

Mailing Address  
**6440 WEST NEWBERRY ROAD, STE. 402  
GAINESVILLE, FL 32605**



01142007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3080933**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WYATT, MICHAEL D  
6440 WEST NEWBERRY ROAD  
SUITE 402  
GAINESVILLE, FL 32605**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	WYATT, MICHAEL D
STREET ADDRESS	6440 WEST NEWBERRY ROAD SUITE 402
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	V
NAME	BEEBE, STEPHEN S
STREET ADDRESS	6440 WEST NEWBERRY ROAD SUITE 402
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	S
NAME	GROOMS, MARY C
STREET ADDRESS	6440 WEST NEWBERRY ROAD SUITE 402
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

*Michael D. Wyatt, MD* 2-15-07

352 3335500