

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063531

FILED  
Jan 28, 2010  
Secretary of State

**Entity Name:** GAINESVILLE PEDIATRIC REAL ESTATE PARTNERS, LLC

**Current Principal Place of Business:**

6440 WEST NEWBERRY ROAD  
SUITE 402  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

6440 WEST NEWBERRY ROAD  
SUITE 402  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 20-3080933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WYATT, MICHAEL D  
6440 WEST NEWBERRY ROAD  
SUITE 402  
GAINESVILLE, FL 32605 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: P  
Name: WYATT, MICHAEL D  
Address: 6440 WEST NEWBERRY ROAD SUITE 402  
City-St-Zip: GAINESVILLE, FL 32605

Title: V  
Name: BEEBE, STEPHEN S  
Address: 6440 WEST NEWBERRY ROAD SUITE 402  
City-St-Zip: GAINESVILLE, FL 32605

Title: S  
Name: GROOMS, MARY C  
Address: 6440 WEST NEWBERRY ROAD SUITE 402  
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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: MICHAEL D. WYATT

P

01/28/2010

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