

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90153 005 ****50.00

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1. Entity Name
CASSELBERRY PEDIATRICS, LLC

Principal Place of Business
**846 LAKE HOWELL ROAD
 MAITLAND, FL 32751-5222**

Mailing Address
**846 LAKE HOWELL ROAD
 MAITLAND, FL 32751-5222**

60004746



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
59-3547951

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANWERT, ANNE K M.D.
 846 LAKE HOWELL ROAD
 MAITLAND, FL 32751-5222**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME HOLSON, BRENDA B M.D.
 STREET ADDRESS 846 LAKE HOWELL ROAD
 CITY-ST-ZIP MAITLAND, FL 327515222

TITLE MGRM Change Addition
 NAME JULIE A WARD, D.O.
 STREET ADDRESS 846 LAKE HOWELL ROAD
 CITY-ST-ZIP MAITLAND, FL 327515222

TITLE MGRM Delete
 NAME SMITH, SAMUEL N D.O.
 STREET ADDRESS 846 LAKE HOWELL ROAD
 CITY-ST-ZIP MAITLAND, FL 327515222

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME VANWERT, ANNE K M.D.
 STREET ADDRESS 846 LAKE HOWELL ROAD
 CITY-ST-ZIP MAITLAND, FL 327515222

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME FISK, THOMAS A M.D.
 STREET ADDRESS 846 LAKE HOWELL ROAD
 CITY-ST-ZIP MAITLAND, FL 327515222

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME HARDY, WM. MARVIN M.D.
 STREET ADDRESS 846 LAKE HOWELL ROAD
 CITY-ST-ZIP MAITLAND, FL 327515222

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME AGUILAR, EMILY M M.D.
 STREET ADDRESS 846 LAKE HOWELL ROAD
 CITY-ST-ZIP MAITLAND, FL 327515222

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Julie A Ward

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

1-19-2007

Date

407-767-2477

Daytime Phone #