

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063876

FILED
Jan 17, 2008
Secretary of State

Entity Name: CASSELBERRY PEDIATRICS, LLC

Current Principal Place of Business:

846 LAKE HOWELL ROAD
MAITLAND, FL 327515222

New Principal Place of Business:

Current Mailing Address:

846 LAKE HOWELL ROAD
MAITLAND, FL 327515222

New Mailing Address:

FEI Number: 59-3547951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANWERT, ANNE K M.D.
846 LAKE HOWELL ROAD
MAITLAND, FL 327515222 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: HOLSON, BRENDA B M.D.
Address: 846 LAKE HOWELL ROAD
City-St-Zip: MAITLAND, FL 327515222

Title: MGRM () Delete
Name: SMITH, SAMUEL N D.O.
Address: 846 LAKE HOWELL ROAD
City-St-Zip: MAITLAND, FL 327515222

Title: MGRM () Delete
Name: VANWERT, ANNE K M.D.
Address: 846 LAKE HOWELL ROAD
City-St-Zip: MAITLAND, FL 327515222

Title: MGRM () Delete
Name: FISK, THOMAS A M.D.
Address: 846 LAKE HOWELL ROAD
City-St-Zip: MAITLAND, FL 327515222

Title: MGRM () Delete
Name: HARDY, WM. MARVIN M.D.
Address: 846 LAKE HOWELL ROAD
City-St-Zip: MAITLAND, FL 327515222

Title: MGRM () Delete
Name: AGUILAR, EMILY M M.D.
Address: 846 LAKE HOWELL ROAD
City-St-Zip: MAITLAND, FL 327515222

ADDITIONS/CHANGES:

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

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

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

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

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

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: ANNE K VANWERT MD

MGRM

01/17/2008

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