2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# L05000063876

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:	MGRM	(X) Change ( ) Addition
Name:	JULIE, WARD A D.O.	
Address:	846 LAKE HOWELL ROAD	
City-St-Zip:	MAITLAND, FL 327515222	
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. VAN WERT, M.D. MGRM 02/26/2009

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