


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000099105

1. Entity Name
VAN DYKE PEDIATRICS, PL



| | |
|---|---|
| Principal Place of Business 4927 VAN DYKE RD LUTZ, FL 33558 US | Mailing Address 4927 VAN DYKE RD LUTZ, FL 33558 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-3660899 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**TERRONE, LINDA
 19001 COUR ESTATES
 LUTZ, FL 33558**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000814183
 02/13/09-80034-007 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TERRONE, LINDA A 19001 COUR ESTATES LUTZ, FL 33558 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PIDURU, SUSEELA 4515 HARBOR POINTE DRIVE PORT RICHEY, FL 34668 |
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| 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: *Linda Terrone* **LINDA TERRONE** **01.28.2008** **813.960.3919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #