

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105126

FILED
Jan 15, 2009
Secretary of State

Entity Name: ANCIENT CITY PEDIATRICS, LLC

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE SOUTH
SUITE 404
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4516
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3544464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, ROBERT L II
1200 PLANTATION ISLAND DRIVE SOUTH
SUITE 140
ST. AUGUSTINE, FL 32080 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: MAS, MIGUEL A JR.
Address: 1301 PLANTATION ISLAND DRIVE SOUTH, #440
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES:

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: MIGUEL A MAS, JR.

MGRM

01/15/2009

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