


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-14-2006 90030 049 ****50.00

DOCUMENT # L05000115821			
1. Entity Name SHORE PEDIATRICS, LLC			
Principal Place of Business 6274 LINTON BOULEVARD, SUITE 101 DELRAY BEACH, FL 33484		Mailing Address 6274 LINTON BOULEVARD, SUITE 101 DELRAY BEACH, FL 33484	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 4320934104		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHORE, RACHEL S M.D. 210 SOUTHEAST MIZNER BOULEVARD, SUITE 110 BOCA RATON, FL 33432		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 _____ <small>Signature, name or printed name of registered agent and title of jurisdiction (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rachel S Shore <input type="checkbox"/> Delete Store Pediatrics LLC	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6274 Linton Blvd <input type="checkbox"/> Delete Suite 104	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delray Beach, <input type="checkbox"/> Delete FL 33484	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: x Rachel Shore, MD		Date: 4-11-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	