


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90484 042 ***150.00

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
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 43-2093464	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

SHORE, RACHEL S M.D.
210 SOUTHEAST MIZNER BOULEVARD, SUITE 110
BOCA RATON, FL 33432

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOVE, RACHEL 6274 LINTON BLVD, SUITE 104 DELRAY BEACH, FL 33484
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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: *Rachel S. Shove* Date: 3.7.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #