

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000117022

1. Entity Name
PEDIATRIC SERVICES, LLC



Principal Place of Business
9800 SOUTH HEALTHPARK DRIVE
102
FORT MYERS, FL 33908

Mailing Address
9800 SOUTH HEALTHPARK DRIVE
102
FORT MYERS, FL 33908



01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 4. FEI Number 84-1697162 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ADLER, NATHAN J
8695 COLLEGE PARKWAY
112
FORT MYERS, FL FL

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE:

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GANATRA, JAYSHREE 9800 SOUTH HEALTHPARK DRIVE #102 FORT MYERS, FL 33908 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOURGON, PIERRE 9800 SOUTH HEALTHPARK DRIVE #102 FORT MYERS, FL 33908 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROSIORU ROSS, CHRISTIAN 9800 SOUTH HEALTHPARK DRIVE #102 FORT MYERS, FL 33908 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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01/30/08-80029-005 143.75

**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:

Jayshree Ganatra

1/22/08

(239)236-0551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Telephone Phone #