

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000117022

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** PEDIATRIC SERVICES, LLC

**Current Principal Place of Business:**

9800 SOUTH HEALTHPARK DRIVE  
145  
FORT MYERS, FL 33908

**New Principal Place of Business:**

9800 SOUTH HEALTHPARK DRIVE  
SUITE 145  
FORT MYERS, FL 33908

**Current Mailing Address:**

9800 SOUTH HEALTHPARK DRIVE  
145  
FORT MYERS, FL 33908

**New Mailing Address:**

9800 SOUTH HEALTHPARK DRIVE  
SUITE 145  
FORT MYERS, FL 33908

**FEI Number:** 84-1697162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADLER, NATHAN J  
8695 COLLEGE PARKWAY  
112  
FORT MYERS, FL FL 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  
Name: ROSIORU ROSS, CHRISTIAN  
Address: 9800 SOUTH HEALTHPARK DRIVE #145  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM  
Name: BOURGON, PIERRE  
Address: 9800 SOUTH HEALTHPARK DRIVE #145  
City-St-Zip: FORT MYERS, FL 33908

I hereby 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: CHRITIAN ROSIORU ROSS

MGRM

04/13/2010

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