2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L06000000411

Entity Name: ALTAMONTE PEDIATRIC ASSOCIATES REAL ESTATE, L.L.C.

Current Principal Place of Business:

475 OSCEOLA STREET
SUITE 1100
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

475 OSCEOLA STREET
SUITE 1100
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3098901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803 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:	MGR	( ) Delete
Name:	ZISSMAN, EDWARD N	
Address:	475 OSCEOLA STREET, #1100	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701 US	
Title:	MGR	( ) Delete
Name:	SOVEN, WAYNE D	
Address:	475 OSCEOLA STREET, #1100	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701 US	
Title:	MGR	( ) Delete
Name:	HARRIS, BRIAN E	
Address:	475 OSCEOLA STREET, #1100	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701 US	
Title:	MGR	( ) Delete
Name:	ALBERT, STEPHEN R	
Address:	475 OSCEOLA STREET, #1100	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: WAYNE SOVEN MGR 04/21/2009

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