2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90063 015 ***150.00

DOCUMENT # L06000000595

1. Entity Name

THORNBURG PEDIATRICS, LLC

Principal Place of Business	Mailing Address
5091 SYCAMORE DR NAPLES FL 34119	5091 SYCAMORE DR NAPLES FL 34119

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		6017 PINE RIDGE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 148	
City & State		City & State NAPLES, FL	
Zip	Country	Zip 34119	Country USA

4. FEI Number 20-4045419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOSTH ACCOUNTING PA 501 GOODLETTE RD N SUITE D304 NAPLES FL 34102	Name BRIAN THORNBURG, DO, PA Street Address (P.O. Box Number is Not Acceptable) 6017 PINE RIDGE ROAD STE. 148 City NAPLES FL **FL** Zip Code 34119

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 ________________ 2/25/08
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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNBURG, BRIAN 5091 SYCAMORE DR NAPLES FL 34119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ________________ 2/25/08 239-348-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #