

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90178 019 ****50.00

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02022007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000032010 1. Entity Name OKALOOSA WALTON PEDIATRICS, LLC					
Principal Place of Business 4415 U S HWY 331 S SUITE A DE FUNIAK SPRINGS, FL 32435			Mailing Address 4415 U S HWY 331 S SUITE A DE FUNIAK SPRINGS, FL 32435		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4573314	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent URMUNDAL, MALLIK MD 183 DOGWOOD ROAD DE FUNIAK SPRINGS, FL 32435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URMUNDAL, MALLIK MD 183 DOGWOOD ROAD DE FUNIAK SPRINGS, FL 32435			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:				Date 3/29/07 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					