

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040395

FILED
Apr 23, 2009
Secretary of State

Entity Name: PEDIATRIC ASSOCIATES PROVIDER SERVICES NETWORK, LLC

Current Principal Place of Business:

2700 W CYPRESS CREEK RD
SUITE D116
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

4620 N. STATE ROAD. 7, BLDG. H
SUITE 316
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4620 N. STATE ROAD 7, STE. 316, BLDG. H
LAUDERDALE LAKES, FL 33319

New Mailing Address:

4620 N. STATE ROAD. 7, BLDG. H
SUITE 316
LAUDERDALE LAKES, FL 33319

FEI Number: 20-4728836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, GREGORY
C/O PEDIATRIC ASSOCIATES
4620 NORTH STATE ROAD 7, BLDG. H STE. 316
LAUDERDALE LAKES, FL 33319 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: PRES () Delete
Name: LEVIN, PHILIP
Address: 4620 N. STATE ROAD 7, STE. 316, BLDG. H
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES:

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: PHILIP LEVIN, MD

P

04/23/2009

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