

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057653

FILED
Jan 13, 2009
Secretary of State

Entity Name: SEBRING PEDIATRICS, L.L.C.

Current Principal Place of Business:

1550 LAKEVIEW DRIVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1550 LAKEVIEW DRIVE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-3314618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET STE 102
CLEARWATER, FL 33756 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: SONNI, RAJESWARI M.D.
Address: 1550 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

Title: MGR () Delete
Name: SEETHPRAMIAL, PRAKASH
Address: 2100 SUNRISE DR
City-St-Zip: SEBRING, FL 33872

Title: MGR () Delete
Name: KRISHNADAS, PRAVEN
Address: 2301 SUNRISE DR
City-St-Zip: SEBRING, FL 33872

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:

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: RAJESWARI SONNI M.D.

MGR

01/13/2009

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