

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081847

FILED
Mar 30, 2007
Secretary of State

Entity Name: PHYSICIANS TO CHILDREN, LLC

Current Principal Place of Business:

305 GRANELLO AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

305 GRANELLO AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-5664391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-LINARES, MANUEL A
MIAMI CENTER, SUITE 1000
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GARCIA-LINARES, MANUEL A ESQUIRE
MIAMI CENTER, SUITE 1000
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 US

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: MANUEL A. GARCIA-LINARES

03/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEWCOMM, JR., PHILLIP G M.D.
Address: 305 GRANELLO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: LEGORBURU, SARAH M.D.
Address: 305 GRANELLO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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 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: PHILLIP G. NEWCOMM, JR., M.D.

MGR

03/30/2007

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