



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000081847 1. Entity Name PHYSICIANS TO CHILDREN, LLC	
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Principal Place of Business 305 GRANELLO AVENUE CORAL GABLES, FL 33146	Mailing Address 305 GRANELLO AVENUE CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE

	
01102008 No Chg-LLC CR2E083 (12/07)	
4. FEI Number 20-5664391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA-LINARES, MANUEL A ESQUIRE MIAMI CENTER, SUITE 1000 201 S. BISCAYNE BLVD. MIAMI, FL 33131

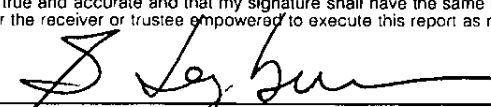
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR NEWCOMM, JR., PHILLIP G M.D. 305 GRANELLO AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LEGORBURU, SARAH M.D. 305 GRANELLO AVENUE CORAL GABLES, FL 33146
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<p>U000000791050 01/23/08-80058-019 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: 1/15/08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	
<small>Daytime Phone #</small>	