2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# L06000092145

Entity Name: CHILDREN'S HEALTH ASSOCIATES OF EMERSON, LLC

Current Principal Place of Business:

1521 EMERSON STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

1522 EMERSON STREET
JACKSONVILLE, FL 32207

Current Mailing Address:

1521 EMERSON STREET
JACKSONVILLE, FL 32207

New Mailing Address:

1522 EMERSON STREET
JACKSONVILLE, FL 32207

FEI Number: 59-3110670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HALLOWES, BORDEN R ESQ.
157 HAMPTON POINT DRIVE, SUITE 3
ST. AUGUSTINE, FL 32092 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: ASSI, JOHN M M.D.
Address: 1521 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ASSI, JOHN M M.D.
Address: 1522 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

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: JOHN ASSI MGR 07/05/2007

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