2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

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Entity Name: PEDIATRIC INFECTIOUS DISEASES, L.L.C.

Current Principal Place of Business:

3200 S.W. 60TH COURT, SUITE 206
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

3200 S.W. 60TH COURT, SUITE 206
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-8119401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTIN, NICHOLAS E
2900 S.W. 28TH TERRACE, 5TH FLOOR
MIAMI, FL 33133 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:	MGRM	( ) Delete
Name:	OTTO M. RAMOS, M.D.,, P.A.	
Address:	3200 S.W. 60TH COURT, SUITE 206	
City-St-Zip:	MIAMI, FL 33155	
Title:	MGRM	( ) Delete
Name:	MARCELO LAUFER, M.D., , P.A.	
Address:	3200 S.W. 60TH COURT, SUITE 206	
City-St-Zip:	MIAMI, FL 33155	
Title:	MGRM	( ) Delete
Name:	MANUEL R. COTILLA, M, .D., P.A.	
Address:	3200 S.W. 60TH COURT, SUITE 206	
City-St-Zip:	MIAMI, FL 33155	

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: OTTO M RAMOS MGRM 04/23/2008

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