2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L06000122580

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 ( )**
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:

CHRISTIN, NICHOLAS E
2900 S.W. 28TH TERRACE, 5TH FLOOR
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

OTTO, RAMOS M
3200 SW 60 CT
206
MIAMI, FL 33155 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: OTTO M RAMOS 06/15/2009
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 06/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date