

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074306

FILED
Mar 14, 2008
Secretary of State

Entity Name: CHILDREN'S SPECIALISTS PEDIATRIC PULMONOLOGY OF FLORIDA, LLC

Current Principal Place of Business:

7970 SUMMERLIN LAKES DRIVE, SUITE 200
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

7970 SUMMERLIN LAKES DRIVE, SUITE 200
FORT MYERS, FL 33907

New Mailing Address:

7970 SUMMERLIN LAKES DRIVE
SUITE 200
FORT MYERS, FL 33907

FEI Number: 26-0632506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD.
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

OSCAR, ALEA
7970 SUMMERLIN LAKES DRIVE.
SUITE 200
FORT MYERS, FL 33907 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: OSCAR ALEA

03/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALEA, OSCAR A M.D.
Address: 7970 SUMMERLIN LAKES DRIVE, SUITE 200
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: JEAN-BAPTISTE, JEAN E M.D.
Address: 7970 SUMMERLIN LAKES DRIVE, SUITE 200
City-St-Zip: FORT MYERS, FL 33907

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 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: JEAN JEAN-BAPTISTE

MGR

03/14/2008

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