

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074306

FILED
Mar 23, 2009
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:

15216 BAHIA COURT
FORT MYERS, FL 33908

FEI Number: 26-0632506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MGRM

03/23/2009

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