

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074306

**FILED**  
**Feb 27, 2012**  
**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:**

15216 BAHIA COURT  
FORT MYERS, FL 33908

**New Mailing Address:**

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

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

I hereby 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

MGR

02/27/2012

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