

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081500

FILED
Jan 09, 2008
Secretary of State

Entity Name: HOLISTIC PEDIATRICS GROUP, LLC

Current Principal Place of Business:

15289 AMBERLY DRIVE
TAMPA, FL 33647 US

New Principal Place of Business:

2906 W TAMPA BAY BLVD
TAMPA, FL 33607 US

Current Mailing Address:

15289 AMBERLY DRIVE
TAMPA, FL 33647 US

New Mailing Address:

2906 W TAMPA BAY BLVD
TAMPA, FL 33607 US

FEI Number: 26-0697342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY ESQUIRE
202 SOUTH ROME AVENUE
SUITE 100
TAMPA, FL 33606 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: REGUSH, NICOLE S
Address: 15289 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete
Name: MUNOZ, AVILIO E
Address: 15289 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REGUSH, NICOLE S
Address: 2906 W TAMPA BAY BLVD
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM (X) Change () Addition
Name: MUNOZ, AVILIO E
Address: 2906 W TAMPA BAY BLVD
City-St-Zip: TAMPA, FL 33607 US

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: NICOLE REGUSH

MGRM

01/09/2008

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