2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# L07000089019

Entity Name: MAGNOLIA PEDIATRICS, L.L.C.

Current Principal Place of Business:

129 SW INWOOD CT.
LAKE CITY, FL 32024

New Principal Place of Business:

1140 SW BASCOM NORRIS DR, SUITE 104
LAKE CITY, FL 32025

Current Mailing Address:

129 SW INWOOD CT.
LAKE CITY, FL 32024

New Mailing Address:

1140 SW BASCOM NORRIS DR, SUITE 104
LAKE CITY, FL 32025

FEI Number: 26-1101056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, CAMMY
4424 NW AMERICAN LANE, SUITE 101
LAKE CITY, FL 32055 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: CERVATES, STACEY
Address: 129 SW INWOOD COURT
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CERVANTES, STACEY
Address: 129 SW INWOOD COURT
City-St-Zip: LAKE CITY, FL 32024

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: STACEY CERVANTES MGR 01/30/2008

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