

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101978

**FILED**  
**May 13, 2008**  
**Secretary of State**

**Entity Name:** BOCA RATON FAMILY AND PEDIATRIC CLINIC, P.L.

**Current Principal Place of Business:**

19801 HAMPTON DRIVE, UNITS C 1-2  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

19801 HAMPTON DRIVE, UNITS C 1-2  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 26-1258151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACLAREN, LINDA O  
798 SOUTH FEDERAL HIGHWAY, SUITE 100  
BOCA RATON, FL 33432 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: ALVAREZ, LUIS  
Address: 19801 HAMPTON DRIVE UNITS C1-2  
City-St-Zip: BOCA RATON, FL 33434 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:** LUIS ALVAREZ

MGR

05/13/2008

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