

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000108214

1. Entity Name
PEDIATRIC PROPERTIES, LLC



Principal Place of Business
3319 STATE ROAD 7
SUITE 109-111
WELLINGTON, FL 33414

Mailing Address
3100 USHANT COURT
WELLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4/ FILED
May 01, 2008 8:00 am
Secretary of State

04-07-2008 90234 033 ***138.75



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For
26-1340600	Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PINEIRO, WORTMAN & BYRD, P.A.
4600 MILITARY TRAIL
212
JUPITER, FL 33458

Name	7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAHMAN, STEVE 3100 USHANT COURT WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Steve Rahman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

216108 561 310-2330

Date

Daytime Phone #