

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116959

FILED  
Feb 08, 2008  
Secretary of State

**Entity Name:** FLORIDA COASTAL PEDIATRICS, LLC

**Current Principal Place of Business:**

157 DOCKSIDE CIRCLE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

157 DOCKSIDE CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:** 68-0663711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: GREISSMAN, ALLAN MD  
Address: 157 DOCKSIDE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECT ( ) Change (X) Addition  
Name: LAVANDOSKY, GERALD  
Address: 157 DOCKSIDE CIR  
City-St-Zip: WESTON, FL 33327

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: ALLAN GREISSMAN

MGRM

02/08/2008

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