

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116959

**FILED**  
**Jan 05, 2011**  
**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:**

1117 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**Current Mailing Address:**

157 DOCKSIDE CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

1117 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**FEI Number:** 68-0663711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREISSMAN, ALLAN MGRM  
157 DOCKSIDE CIRCLE  
WESTON, FL 33327 US

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

GREISSMAN, ALLAN MGRM  
1117 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009 US

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: ALLAN GREISSMAN

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GREISSMAN, ALLAN MD  
Address: 157 DOCKSIDE CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: SECT  
Name: LAVANDOSKY, GERALD  
Address: 157 DOCKSIDE CIR  
City-St-Zip: WESTON, FL 33327

I hereby 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

PRES

01/05/2011

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