2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006842

Name:

Entity Name: PEDIATRICS ALLIANCE, LLC.

FILED Jun 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2100 45TH STREET. **1111 12TH STREET**

SUITE B12 SUITE 311

WEST PALM BEACH, FL 33407 US KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

1015 INGRAHAM AVE. **1111 12TH STREET**

SUITE 311 APT. #6

DELRAY BEACH, FL 33483 US KEY WEST, FL 33040 US

FEI Number: 26-1909494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TAKAS, STEVEN TAKAS, STEVEN

1015 INGRAHAM AVE. 2601 SOUTH ROOSEVELT BLVD

APT. #6 **APT 511B**

DELRAY BEACH, FL 33483 US KEY WEST, FL 33040 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.

Name:

SIGNATURE: STEVEN TAKAS 06/25/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition

TAKAS, STEVEN M.D. TAKAS, STEVEN M.D. Address: 1015 INGRAHAM AVE., APT. #6 Address: 2601 SOUTH ROOSEVELT BLVD # 511B

City-St-Zip: DELRAY BEACH,, FL 33483 US City-St-Zip: KEY WEST, FL 33040 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: STEVEN TAKAS MANA 06/25/2009