

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000029122

FILED
Aug 04, 2009
Secretary of State**Entity Name:** MY PEDIATRICIAN'S CHOICE, LLC**Current Principal Place of Business:**2842 NW 79 AVE
DORAL, FL 33122**New Principal Place of Business:****Current Mailing Address:**2842 NW 79 AVE
DORAL, FL 33122**New Mailing Address:****FEI Number:** 26-2382989**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RODRIGUEZ, RODOLFO
7200 NW 7TH STREET
SUITE 100
MIAMI, FL 33126 US**Name and Address of New Registered Agent:**DIAZ, MICHAEL
2842 NW 79 AVE
DORAL, FL 33122 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: MICHAEL DIAZ

08/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: DIAZ, MICHAEL A
Address: 11200 SW 114 TERR
City-St-Zip: MIAMI, FL 33176**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: DIAZ, MICHAEL A
Address: 11200 SW 114 TERR
City-St-Zip: MIAMI, FL 33176

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: MICHAEL DIAZ

MGR

08/04/2009

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