

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057054

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: PEDIATRIC MEDICAL MANAGEMENT, LLC

**Current Principal Place of Business:**

274 S THIRD AVE  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

274 S THIRD AVE  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 26-2778122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BENITEZ, NORBERTO  
274 S THIRD AVE  
JACKSONVILLE BEACH, FL 32250      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: MGR      ( ) Delete  
Name: BENITEZ, NORBERTO  
Address: 274 S THIRD AVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: BENITEZ, ANNA S  
Address: 274 S THIRD AVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

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

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: NORBERTO BENITEZ

MGR

04/24/2009

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