

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069712

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** CHILDREN'S HEALTHCARE OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

2105 HARTWOOD MARSH ROAD, SUITE 9  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

2105 HARTWOOD MARSH ROAD, SUITE 9  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 26-2979346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATSON, MARIA ELENA  
8953 LEE LAND ARCHER BLVD.  
ORLANDO, FL 32836 US

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

WATSON, MARIA ELENA  
2105 HARTWOOD MARSH ROAD  
SUITE 9  
CLERMONT, FL 34711 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: MARIA ELENA WATSON

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WATSON, MARIA ELENA  
Address: 8953 LEE LAND ARCHER BLVD.  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WATSON, MARIA ELENA  
Address: 2105 HARTWOOD MARSH ROAD, SUITE 9  
City-St-Zip: CLERMONT, FL 34711

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: MARIA ELENA WATSON

P

04/28/2009

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