

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099371

FILED  
May 01, 2009  
Secretary of State

Entity Name: OVIEDO CHILDREN'S HEALTH CENTER, LLC

**Current Principal Place of Business:**

1410 WEST BROADWAY STREET, STE. 104  
OVIEDO, FL 32765

**New Principal Place of Business:**

1410 WEST BROADWAY STREET, STE. 104  
SUITE 104  
OVIEDO, FL 32765

**Current Mailing Address:**

1410 WEST BROADWAY STREET, STE. 104  
OVIEDO, FL 32765

**New Mailing Address:**

1410 WEST BROADWAY STREET, STE. 104  
SUITE 104  
OVIEDO, FL 32765

FEI Number: 26-3594250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

MANDANI, SADIQ  
1410 WEST BROADWAY STREET, STE. 104  
OVIEDO, FL 32765      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: MGRM      ( ) Delete  
Name: MANDANI, SADIQ  
Address: 4910 KEENELAND CIRCLE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

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: SADIQ MANDANI

MM

05/01/2009

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