

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000025613

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** PEDIATRIC PREVENTIVE MEDICINE, LLC

**Current Principal Place of Business:**

14201 WEST SUNRISE BLVD., SUITE 107  
SUNRISE, FL 33323

**New Principal Place of Business:**

14201 WEST SUNRISE BLVD., SUITE 107  
SUNRISE, FL 33323 UN

**Current Mailing Address:**

14201 WEST SUNRISE BLVD., SUITE 107  
SUNRISE, FL 33323

**New Mailing Address:**

14201 WEST SUNRISE BLVD., SUITE 107  
SUNRISE, FL 33323 UN

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALLE, APRIL I  
3101 N. FEDERAL HIGHWAY, SUITE 401  
FORT LAUDERDALE, FL 33306 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  
Name: HALLE, MICHAEL  
Address: 14201 WEST SUNRISE BLVD., SUITE 107  
City-St-Zip: SUNRISE, FL 33306 US

I hereby 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 HALLE

MGRM

02/25/2011

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