

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90029 031 ****50.00

DOCUMENT # L98000003480

1. Entity Name
MCH PEDIATRICS L.L.C.



Principal Place of Business

**4620 NORTH STATE ROAD 7
BLDG H SUITE 316
LAUDERDALE LAKES, FL 33319 US**

Mailing Address

**4620 NORTH STATE ROAD 7
BLDG H SUITE 316
LAUDERDALE LAKES, FL 33319 US**

DO NOT WRITE IN THIS SPACE



04222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0918339

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, NINA M.D.
4620 NORTH STATE ROAD 7
BLDG H SUITE 316
LAUDERDALE LAKES, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SANCHEZ, NINA M.D.
STREET ADDRESS	4620 N STATE RD 7, BLDG H STE 316
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	VP
NAME	VAZQUEZ, ANTONIO MD
STREET ADDRESS	4620 N STATE RD 7, BLDG H STE 316
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	T
NAME	SRIJALVA, CALO MD Goldberg, Paul M.D.
STREET ADDRESS	4620 N STATE RD 7, BLDG H STE 316
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Annette J Shannon Annette Shannon

4/22/05 954-965-7325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #