


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90055 039 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                              |                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L98000003480</b><br>1. Entity Name<br><b>MCH PEDIATRICS L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                              |                                                                                                            |  |
| Principal Place of Business<br><b>4620 NORTH STATE ROAD 7</b><br><b>BLDG H SUITE 316</b><br><b>LAUDERDALE LAKES, FL 33319 US</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                                                                             | Mailing Address<br><b>4620 NORTH STATE ROAD 7</b><br><b>BLDG H SUITE 316</b><br><b>LAUDERDALE LAKES, FL 33319 US</b>                                         |                                                                                                                                                                                             |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip _____ Country _____                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  | 3. Mailing Address<br><b>5310 NW 33rd Ave</b><br>Suite, Apt. #, etc.<br><b>Suite 204</b><br>City & State<br><b>Ft. Lauderdale, FL</b><br>Zip <b>33309</b> Country <b>US</b> |                                                                                                                                                              |                                                                                                                                                                                             |  |
| 4. FEI Number<br><b>65-0918339</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  | Applied For<br>Not Applicable                                                                                                                                               |                                                                                                                                                              |                                                                                                                                                                                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  | <b>\$5.00 Additional Fee Required</b>                                                                                                                                       |                                                                                                                                                              |                                                                                                                                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><b>SANCHEZ, NINA M.D.</b><br><b>4620 NORTH STATE ROAD 7</b><br><b>BLDG H SUITE 316</b><br><b>LAUDERDALE LAKES, FL 33316</b>                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |                                                                                                                                                                             | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                                                                                                                             |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                 |                                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                              |                                                                                                                                                                                             |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                          |                                                                                                                                                              |                                                                                                                                                                                             |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |                                                                                                                                                                             | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                 |                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>P</b><br><b>SANCHEZ, NINA M.D.</b><br><b>4620 N STATE RD 7, BLDG H STE 316</b><br><b>LAUDERDALE LAKES, FL 33319</b> <input type="checkbox"/> Delete           |                                                                                                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VP</b><br><b>VAZQUEZ, ANTONIO MD</b><br><b>4620 N STATE RD 7, BLDG H STE 316</b><br><b>LAUDERDALE LAKES, FL 33319</b> <input type="checkbox"/> Delete         |                                                                                                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>T</b><br><b>GRIJALVA, GALO MD</b><br><b>4620 N STATE RD 7, BLDG H STE 316</b><br><b>LAUDERDALE LAKES, FL 33319</b> <input checked="" type="checkbox"/> Delete |                                                                                                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <b>T</b><br><b>Paul Goldberg, MD</b><br><b>5310 NW 33rd Avenue, Ste 204</b><br><b>Ft. Lauderdale, FL 33309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                                  |                                                                                                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                                  |                                                                                                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                                                  |                                                                                                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                              |                                                                                                                                                                                             |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                              |                                                                                                                                                                                             |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                              |                                                                                                                                                                                             |  |
| Date _____ Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                                                                             |                                                                                                                                                              |                                                                                                                                                                                             |  |

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