


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90023 010 \*\*\*138.75

DOCUMENT # L98000003480		
1. Entity Name MCH PEDIATRICS L.L.C.		

Principal Place of Business 5310 NW 33RD AVE 204 FORT LAUDERDALE, FL 33309 US	Mailing Address 5310 NW 33RD AVE SUITE 204 FORT LAUDERDALE, FL 33309 US
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60003267



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0918339		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent Name <u>PAUL Goldberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>5310 NW 33RD Avenue</u> <u>Suite 204</u> City <u>Ft. Lauderdale</u> FL <u>33309</u>	
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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] DATE 1/17/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, NINA M.D. 4620 N STATE RD 7, BLDG H STE 316 LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMO MAYRA Capote 5310 NW 33rd Ave., Ste 204 Ft. Lauderdale, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDBERG MD, PAUL 3310 NW 33RD AVENUE, STE 204 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: [Signature] DATE 1/17/08 DAYTIME PHONE # 954-734-9676