

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000003480

Entity Name: MCH PEDIATRICS L.L.C.

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5310 NW 33RD AVE  
216  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

5310 NW 33RD AVE  
216  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

FEI Number: 65-0918339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GOLDBERG, PAUL  
5310 NW 33RD AVE STE 216  
FORT LAUDERDALE, FL 33309 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: CMO  
Name: CAPOTE, MAYRA  
Address: 15495 EAGLE NEST LANE #120  
City-St-Zip: MIAMI, FL 33014

Title: CEO  
Name: GOLDBERG MD, PAUL  
Address: 12145 SHERIDAN STREET  
City-St-Zip: COOPER CITY, FL 33026

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: DR. PAUL GOLDBERG      CEO      02/02/2010

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