# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 24, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L99000004369

1. Entity Name
WESTCHESTER PEDIATRIC ASSOCIATES, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 7000 S.W. 97TH AVENUE, STE 114<br>MIAMI, FL 33173-1474 | 7000 S.W. 97TH AVENUE, STE 114<br>MIAMI, FL 33173-1474 |

DO NOT WRITE IN THIS SPACE

01262006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0932335
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN E
80 S.W. 8TH STREET, STE 2550
MIAMI, FL 33130

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

000000479271
04/08/06-80041-008 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | RUIZ-CASTANEDA, NORMAN |
| STREET ADDRESS | 7000 S.W. 97TH AVE., STE 114 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | MGRM |
| NAME | FERNANDEZ-PUJOL, MARGARITA |
| STREET ADDRESS | 7000 S.W. 97TH AVE., STE 114 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | MGRM |
| NAME | MONTIEL, CHRISTINA R |
| STREET ADDRESS | 7000 S.W. 97TH AVE., STE 114 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | MGRM |
| NAME | LARCADA, PAMELA |
| STREET ADDRESS | 7000 S.W. 97TH AVE., STE 114 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | MGRM |
| NAME | LOPEZ, JOHANNES |
| STREET ADDRESS | 7000 SW 97TH AVE., STE. 114 |
| CITY-ST-ZIP | MIAMI, FL 33173 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 3/22/06 (305)273-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #