

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004546

FILED
Jul 07, 2004
Secretary of State

Entity Name: FLORIDA PEDIATRIC ASSOCIATES, LLC

Current Principal Place of Business:

880 SIXTH STREET SOUTH
SUITE 110
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

880 SIXTH STREET SOUTH
SUITE 110
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3490927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALTIEL, ALBERT
880 SIXTH STREET SOUTH
SUITE 110
ST PETERSBURG, FL 33701 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/MEMBERS:

Title: MGRM () Delete
Name: FLORIDA PEDIATRIC RA, DIOLOGY, P.A.
Address: 880 SIXTH STREET SOUTH SUITE 110
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM () Delete
Name: M. W. MORRIS, M.D., INC.
Address: 1800 NINTH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33704

Title: MGRM () Delete
Name: ANESTHESIA CARE EXPE, RTS
Address: 880 SIXTH STREET SOUTH, #110
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGRM () Delete
Name: INTENSIVE CARE SERVI, CES ASSOCIATES , PA
Address: 880 SIXTH STREET SOUTH, #370
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR () Delete
Name: SALTIEL, ALBERT MD
Address: 880 SIXTH STREET SOUTH #110
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR () Delete
Name: VENER, DAVID MD
Address: 880 SIXTH STREET SOUTH #110
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: VU, DIEN MD
Address: 880 SIXTH STREET SOUTH #110
City-St-Zip: ST PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT SALTIEL MD

MGR

07/07/2004

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