2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L99000004546

Entity Name: FLORIDA PEDIATRIC ASSOCIATES, LLC

Current Principal Place of Business:

1033 9TH ST N
SUITE 108
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

1033 9TH ST N
SUITE 108
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
1033 9TH ST N, SUITE 108
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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FLORIDA PEDIATRIC RA, DIOLOGY, P.A.	
Address:	1033 9TH ST N, SUITE 108	
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 33701	
Title:	MGRM	( ) Delete
Name:	ANESTHESIA CARE EXPE, RTS	
Address:	1033 9TH ST N, SUITE 108	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:	MGRM	( ) Delete
Name:	INTENSIVE CARE SERVI, CES ASSOCIATES , PA	
Address:	880 SIXTH STREET S, SUITE 370	
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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 PRES 04/27/2006

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