

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005069

FILED
Apr 26, 2004
Secretary of State

Entity Name: CHILDREN'S MEDICAL SPECIALISTS, LLC

Current Principal Place of Business:

3100 S.W. 62ND AVENUE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

DEPT OF PATHOLOGY ATTN:STEVEN J. MELNICK
3100 SW 62ND AVENUE
MIAMI, FL 331553009

New Mailing Address:

FEI Number: 65-0970969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOUCHA, L.M. ESQ.
C/OATKINSON, DINER, STONE ET AL P.A.
1946 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

MELNICK, STEVEN J PH.DMD
3100 SW 62ND AVENUE
DEPT OF PATHOLOGY
MIAMI, FL 331553009 US

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: STEVEN J. MELNICK, PHD, M.D.

04/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MELNICK, STEVEN
Address: 3100 S.W. 62ND AVENUE
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: PEFKAROU, ATHENA
Address: 3100 S.W. 62ND AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

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 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: STEVEN J. MELNICK, PHD, M.D.

MGR

04/26/2004

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