

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005069

FILED  
Apr 29, 2005  
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:**

PO BOX 14-3601  
MIAMI, FL 33114

FEI Number: 65-0970969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

FORT, JOHN MD  
3100 SW 62ND AVENUE  
DEPT OF HEMATOLOGY/ONCOLOGY  
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: JOHN FORT, M.D.

04/29/2005

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: MGRM (X) Change ( ) Addition  
Name: FORT, JOHN MD  
Address: 3100 S.W. 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: MGRM (X) Change ( ) Addition  
Name: KRUGER, STACY  
Address: 3100 S.W. 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

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: JOHN FORT, M.D.

MGRM

04/29/2005

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