


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000005069		
1. Entity Name CHILDREN'S MEDICAL SPECIALISTS, LLC		
Principal Place of Business	Mailing Address	
3100 S.W. 62ND AVENUE MIAMI, FL 33155	PO BOX 14-3601 MIAMI, FL 33114	



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

DOCUMENT # L990000

1. Entity Name
CHILDREN'S MEDICAL SPECIALISTS, LLC

4. FEI Number 65-0970969	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORT JOHN MD
3100 SW 62ND AVENUE
DEPT OF HEMATOLOGY/ONCOLOGY
MIAMI, FL 33155-3009

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DO NOT FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75
CHILDREN'S MEDICAL SPECIALISTS, LLC

U000000776855
01/09/08-80041-007 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORT JOHN MD 3100 S.W. 62ND AVENUE MIAMI, FL 33155
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #