

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005069

**FILED**  
**Jan 17, 2010**  
**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:**

PO BOX 14-3601  
MIAMI, FL 33114

**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:**

FORT, JOHN MD  
3100 SW 62ND AVENUE  
DEPT OF HEMATOLOGY/ONCOLOGY  
MIAMI, FL 331553009 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  
Name: FORT, JOHN MD  
Address: 3100 S.W. 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

I hereby 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 A. FORT

MD

01/17/2010

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