

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90072 030 \*\*\*\*50.00

**DOCUMENT # M05000003364**

1. Entity Name  
**CENTRAL FLORIDA PEDIATRIC INTENSIVE CARE SPECIALISTS, LLC**



Principal Place of Business 844 N. THORNTON AVENUE ORLANDO, FL 32803	Mailing Address 844 N. THORNTON AVENUE ORLANDO, FL 32803
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**DO NOT WRITE IN THIS SPACE**



04152007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>59-3213412</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FLICK, JAMES J**  
**112 LAKE AVENUE**  
**ORLANDO, FL 32801**

**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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESAI, VIVEK 844 N. THORNTON AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OTEGBEYE, AYODEJI 844 N. THORNTON AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOREMI, OLUDAPO 844 N. THORNTON AVENUE ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:** Wear Vivek S. Desai 4/30/2007 407-894-8768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #