


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

<b>DOCUMENT # M05000003364</b> 1. Entity Name <b>CENTRAL FLORIDA PEDIATRIC INTENSIVE CARE SPECIALISTS, LLC</b>	
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Principal Place of Business <b>844 N. THORNTON AVENUE ORLANDO, FL 32803</b>	Mailing Address <b>844 N. THORNTON AVENUE ORLANDO, FL 32803</b>
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04152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3213412</b>	Applied For <input type="checkbox"/> 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  <b>FLICK, JAMES J 112 LAKE AVENUE ORLANDO, FL 32801</b>
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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	

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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 #