

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003364

FILED
Apr 16, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA PEDIATRIC INTENSIVE CARE SPECIALISTS, LLC

Current Principal Place of Business:

844 N. THORNTON AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

844 N. THORNTON AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3213412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FLICK, JAMES J
3700 S CONWAY ROAD
SUITE 100
ORLANDO, FL 32812 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DESAI, VIVEK
Address: 844 N. THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: OTEGBEYE, AYODEJI
Address: 844 N. THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: SOREMI, OLUDAPO
Address: 844 N. THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OLUDAPO SOREMI

MGR

04/16/2009

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