2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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
3700 S CONWAY ROAD
SUITE 100
ORLANDO, FL 32812 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: MGR
Name: DESAI, VIVEK
Address: 844 N. THORNTON AVENUE
City-St-Zip: ORLANDO, FL 32803

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

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

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 Statues.

SIGNATURE: VIVEK S. DESAI MGR 03/21/2010

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