Division of Corporations

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Division of Corporations

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France

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

£ (305)672-0686

Fax Number

: (305)672-9110

## REGISTERED AGENT CHANGE

PEDIATRIX MEDICAL GROUP OF FLORIDA, INC.

Estimated Charge	\$35.00
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Pediatrix Medical Group of Florida, Inc.		
2. The principal office address: 1301 Concord Terrace		
Sunrise FL 33323		
3. The mailing address (if different):		
		_
4. Date of incorporation/qualification: 6/6/1980 Document Number: 67329		_,
5. The name and street address of the current registered agent and registered office on file with	the O	
riona Department of State:		
CT Corporation System	목 <b>중</b> -	11
1200 SOUTH PINE ISLAND ROAD	× ;	
Plantation FL 33324	` ;	
6. The name and street address of the new registered agent (if changed) and /or registered of file	무 🕦	
(if changed):  Corporate Creations Network Inc.	71.S	
11380 Prosperity Farms Road #221E	¥ 55	
(P.O. Box Not acceptable)		
Palm Beach Gardens FL 33410		
The street address of its registered office and the street address of the business office of its	registered	
agent, as changed will be identical.	J	
Such change was authorized by resolution duly adopted by its board of directors or by an	officer so	I
authorized by the board or the corporation has been notified in writing of the change.		
D. Stoutt as autorney in fact for Thomas W. H	lawkins	
(Signature of an officer or director) (Printed or Typed name and title)		
I hereby accept the appointment as registered agent and agree to act in this capacity.	<b>.</b>	
I further agree to comply with the provisions of all statutes relative to the proper and	complete	
performance of my duties, and I am familiar with and accept the obligation of my position as reagent. Or, if this document is being filed merely to reflect a change in the registered office a	igissereu Adrese I	
hereby confirm that the perparation has been notified in writing of this change.	mar opp, k	
10/14/2005		
(Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
D. Stoutt, Assistant Secretary (Typed or Printed Name)		
Name of the state		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139 (305) 672-0686