F89517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC.
(Name of corporation)

DOCUMENT NUMBER: F89517

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRI SUTER
(Name of person)

PEDIATRIX MEDICAL GROUP, INC.
(Name of firm/company)

1301 CONCORD TERRACE
(Address)

SUNRISE, FL 33323
(City/state and zip code)

For further information concerning this matter, please call:

TERRI SUTER at (954) 384-0175 x 5975
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 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: NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC.

2. The principal office address: 92 WEST MILLER STREET
ORLANDO, FL 32806

3. The mailing address (if different): 1301 CONCORD TERRACE
SUNRISE, FL 33323

4. Date of incorporation/qualification: 6/19/1982 Document number: F89517

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

DAVID M. AUERBACH, MD
92 WEST MILLER STREET
ORLANDO, FL 32806

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHARLENE WARREN
1301 CONCORD TERRACE
(P.O. Box or personal mailbox NOT acceptable)
SUNRISE, FL 33323

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

KARL B. WAGNER, PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. 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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

8/25/2003
(Date)

If signing on behalf of an entity:

CHARLENE WARREN
(Typed or Printed Name)

DIRECTOR, RISK MANAGEMENT
(Capacity)

*** * * FILING FEE: $35.00 * * ***

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