

LO40000009294

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000024123 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: 18306
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)350-2446

RECEIVED

04 FEB -3 PM 12:52

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Pompano ER Pediatrics, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

04 FEB -3 AM 9:10
SEARCHED
SERIALIZED
INDEXED
FILED

APPROV
AND
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

2404

H04000024123

**ARTICLES OF ORGANIZATION
OF
POMPANO ER PEDIATRICS, LLC,
a Florida limited liability company**

1. The name of the limited liability company is Pompano ER Pediatrics, LLC.
2. The mailing address and the street address of the principal office of the limited liability company is:

300 S. Park Road
Hollywood, Florida 33021

3. The name and street address of the initial registered agent of the limited liability company are:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

Dated: as of January 30, 2004.

By: /s/ Jay Sakalo
Jay Sakalo, as Authorized
Representative

APPROVED
AND
FILED
04 FEB - 3 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Pompano ER Pediatrics, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

c/o CT Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

CT Corporation System

PETER F. SOUZA
ASSISTANT SECRETARY

(Signature)

04 FEB -9 AM 9:10
SECRETARY
FILED
AT PENSACOLA
AND
FILED

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)