2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# L04000055115

Entity Name: SAWGRASS PEDIATRICS, LLC

Current Principal Place of Business:

9750 NW 33RD STREET
SUITE 101
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9750 NW 33RD STREET
SUITE 101
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-1415382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KATZ, LORNE M.D.
9750 NW 33RD STEET
SUITE 101
CORAL SPRINGS, FL 33065 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: LORNE KATZ

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MD	( ) Delete
Name:	KATZ, LORNE MD	
Address:	9750 NW 33RD STREET	
City-St-Zip:	CORAL SPRINGS, FL 33065 US	
Title:	MD	( ) Delete
Name:	WATERS, SUSAN MD	
Address:	9750 NW 33RD STREET	
City-St-Zip:	CORAL SPRINGS, FL 33065 US	
Title:	MD	( ) Delete
Name:	MILLER, LORI MD	
Address:	9750 NW 33RD STREET	
City-St-Zip:	CORAL SPRINGS, FL 33065 US	
Title:	MD	( ) Delete
Name:	MARTELL, ANTHONY MD	
Address:	9750 NW 33RD STREET	
City-St-Zip:	CORAL SPRINGS, FL 33065 US	
Title:	MD	( ) Delete
Name:	DI LIDDO, ALINA MD	
Address:	9750 NW 33RD STREET	
City-St-Zip:	CORAL SPRING, FL 33065 US	

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:	
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 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: LORNE KATZ MD 10/05/2006

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