

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000016415

1. Entity Name  
NBHD PEDIATRICS AT SEVENTH AVENUE, LLC



FILED

2005 MAY -6 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
300 SE 17TH ST.  
FT. LAUDERDALE, FL 33316

Mailing Address  
2828 CROSSDELLE DRIVE  
DURHAM, NC 27705

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Penta Advisory Services, LLC  
Two North Charles Street  
Suite 400  
Baltimore, Maryland 21201

04272005 REIN-LLC CR2E101 (6/04)

4. FEI Number

56-2271071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM  
STREET ADDRESS SUNLIFE, BILLING GROUP LLC  
CITY-ST-ZIP 300 SE 17 STREET  
FORT LAUDERDALE, FL 33316 ☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME CRO, Director  
STREET ADDRESS Charles R. Goldstein  
CITY-ST-ZIP Penta Advisory Services, LLC  
Two North Charles Street-Suite 400  
Baltimore, Maryland 21201 ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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06/03/05--01048--008 \*\*100.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*James C. Holman*

James C. Holman, Attorney/Authorized Rep. April 28, 2005 410-347-8790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING