

L02000031591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

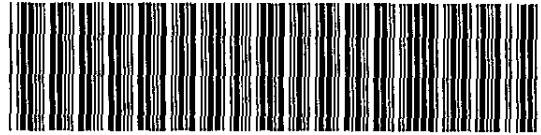
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
STATE CORPORATION

J. BRYAN OCT 24 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PEDIATRIX FLORIDA LLC  
(Name of corporation)

**DOCUMENT NUMBER:** L02000031591

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

(Name of person)

at ( 954 ) 384-0175 x 5975

(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 17, 2003

TERRI SUTER  
PEDIATRIX MEDICAL GROUP, INC.  
1301 CONCORD TERRACE  
SUNRISE, FL 33323

SUBJECT: PEDIATRIX FLORIDA LLC  
Ref. Number: L02000031591

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for PEDIATRIX FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 703A00051491

PEDIATRIX  
MEDICAL GROUP, INC.

OBSTETRIX  
MEDICAL GROUP, INC.

October 21, 2003

Joey Bryan, Documentation Specialist  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Pediatrx Florida LLC  
Ref. Number: L02000031591

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Thank you for your letter of September 17, 2003, regarding the submission of the incorrect form for Statement of Change of Registered Office or Registered Agent Or Both for a Limited Liability Company. I have had the correct form executed and it is enclosed along with your original letter. The check was not returned to me and as such the fee should be covered.

If you need additional information, please do not hesitate to call me at the number below.

Sincerely,



Terri Suter  
Corporate Paralegal

Direct Phone: (800) 243-3839 ext. 5975; Direct Fax: (954) 858-0431  
E-mail address: terri\_suter@pediatrx.com

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: PEDIATRIX FLORIDA LLC
2. The mailing address of the limited liability company is : 1301 CONCORD TERRACE  
SUNRISE, FL 33323
3. Date of filing/registration in Florida 11/25/2002 4. Document number L02000031591

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BRIAN T. GILLON  
Name  
1301 CONCORD TERRACE  
Address  
SUNRISE, FL 33323  
City, State and Zip

6. The name and address of the new registered agent and/or office:

THOMAS W. HAWKINS  
Name  
1301 CONCORD TERRACE  
Florida street address (P.O. Box NOT acceptable)  
SUNRISE, FL 33323  
City, State and Zip

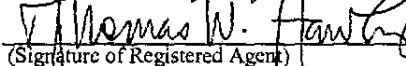
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

KARL B. WAGNER, MANAGER

(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA