

L060000040395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

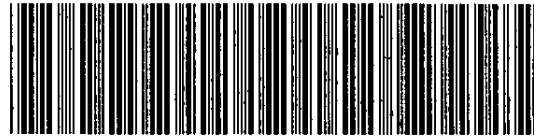
(Business Entity Name)

(Document Number)

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FOWLER WHITE BOGGS BANKER

ATTORNEYS AT LAW

ESTABLISHED 1943

Kathy J. Tayon
Direct Dial: 954-703-3903
Direct Fax: 954-707-4554
kathy.tayon@fowlerwhite.com

September 2, 2008

U.S. MAIL

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

Re: Pediatric Associates Provider Services Network, LLC;
Document number: L06000040395;
Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company ("Statement of Change of RO and RA") for the above-referenced limited liability company along with a check in the amount of \$55 for the payment of the following:

\$25 filing fee to file the Statement of Change of RO and RA
\$30 for a certified copy of the filed Statement of Change of RO and RA

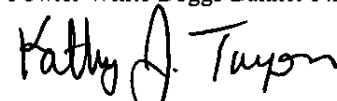
Will you please send the certified copy of the filed Statement of Change of RO and RA to me at the following address:

Kathy J. Tayon
Fowler White Boggs Banker, P.A.
1200 East Las Olas Blvd., Suite 400
Fort Lauderdale, Florida 33301

Also, if you have any questions or need any additional information, please call me at 954.703.3903. Thank you for your time and assistance.

Sincerely,

Fowler White Boggs Banker P.A.


Kathy J. Tayon

Enclosures

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FOWLER WHITE BOGGS BANKER P.A.

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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. Name of the limited liability company: Pediatric Associates Provider Services Network, LLC

2. (a) Principal office address of limited liability company: 2700 West Cypress Creek Road
Suite D116
Fort Lauderdale, FL 33309

(b) Mailing address of limited liability company: 4620 N. State Road 7
Suite 316, Building H
Lauderdale Lakes, FL 33319

04/19/2006
3. Date of filing/registration in Florida

L06000040395
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Gerson, Preston, Robinson & Company, P.A.

Registered Office Address: 666 Seventy-First Street
Miami Beach, FL 33141

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Gregory Taylor

NEW Registered Office Address: c/o Pediatric Associates
(MUST BE FLORIDA STREET ADDRESS) 4620 North State Road 7, Building H, Suite 316
Lauderdale Lakes, FL 33319

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.

Philip A. Levin
(Signature of a member or authorized representative of a member)

Philip A. Levin, M.D., President of the Member
(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.

Gregory Taylor
(Signature of Registered Agent)

Date: August 26, 2008

Gregory Taylor

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

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA
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