

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000096545

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** PEDIATRIC HOSPITALISTS OF HOMESTEAD, LLC

**Current Principal Place of Business:**

151 N.W. 11TH STREET, SUITE E-202  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

151 N.W. 11TH STREET, SUITE E-202  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 61-1510453      **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:**

**Name and Address of New Registered Agent:**

MANAGEMENT SERVICES OF HOMESTEAD, INC.  
151 N.W. 11TH STREET, SUITE E-202  
HOMESTEAD, FL 33030      US

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: DORSEY L. GOOSBY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GOOSBY, DORSEY L  
**Address:** 151 N.W. 11TH STREET, SUITE E-202  
**City-St-Zip:** HOMESTEAD, FL 33030

**Title:** MGRM  
**Name:** GOOSBY, PAULINE  
**Address:** 151 N.W. 11TH STREET, SUITE E-202  
**City-St-Zip:** HOMESTEAD, FL 33030

I hereby 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: DORSEY L. GOOSBY

MGR

01/20/2010

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