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Division of Corporations

FAX NO.

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : I20030000037
Phone : (561) 835-8500
Fax Number : (561) 650-8530

2008 AUG 12 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

PEDISCREEN 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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FAX NO.

P. 02

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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: PEDISCREEN 1, LLC
2. (a) Principal office address of limited liability company: ATTN: LEE FRIEDMAN, M.D., MANAGER
(Note: MUST BE STREET ADDRESS) 1717 W WOOLBRIGHT RD
BOYNTON BEACH FL 33426
(b) Mailing address of limited liability company: ATTN: LEE FRIEDMAN, M.D., MANAGER
(Note: MAY BE POST OFFICE BOX) 1717 W WOOLBRIGHT RD
BOYNTON BEACH FL 33426
3. Date of filing/registration in Florida: 08/20/2008
4. Document number: 108000028889
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: CORPORATION COMPANY OF MIAMI
Registered Office Address: CORPORATION COMPANY CATTN: JOHN C. BTF
250 AUSTRALIAN AVE SOUTH - STE 500
W PALM BEACH FL 33401 US
(b) Rater name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: CORPORATION COMPANY OF MIAMI
NEW Registered Office Address: 525 OKEECHOBEE BLVD.
(MUST BE FLORIDA STREET ADDRESS) SUITE 1100
WEST PALM BEACH FL 33401

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)

LEE FRIEDMAN, M.D., MANAGER
(Printed or typed name of signed)

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, 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
FILING FEE: \$25.00

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