

L09000114506Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
PEDIATRIX NEWBORN HEARING SCREEN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

11 FEB 23 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 28 AM 8:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

FEB 24 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pediatrics Newborn Hearing Screen, LLC
Name of Limited Liability Company.

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

vinette_bernard@mednax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHSIB (5/08)

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 Newborn Hearing Screen, LLC

2. (a) Principal office address of limited liability company: 1301 CONCORD TERRACE

(Note: MUST BE STREET ADDRESS) SUNRISE FL 33323

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX) _____

11/21/2008 L09000114506

3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: CORPORATE CREATIONS NETWORK, INC.

Registered Office Address: 11360 PROSPERITY FARMS ROAD #221B
PALM BEACH GARDENS, FL 33410

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

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS) Plantation FL 33324

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.

Madonna Cuddihy
Signature of a member or authorized representative of a member

Madonna Cuddihy
Printed or typed name of signer

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.

By: William A. Burke
Signature of Registered Agent

William A. Burke
Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

DNHS18 (05/08)

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DIVISION OF CORPORATIONS
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