

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000109778

FILED
Nov 06, 2011
Secretary of State

Entity Name: FLORIDA PEDIATRIC CLINIC, PLLC

Current Principal Place of Business:

7400 VIVER NELL LANE
PENSACOLA, FL 32526 US

New Principal Place of Business:

6866 PINE FOREST ROAD
SUITE A
PENSACOLA, FL 32526 US

Current Mailing Address:

7400 VIVER NELL LANE
PENSACOLA, FL 32526 US

New Mailing Address:

FEI Number: 27-3252817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

YOLANDA, MAY Y
7400 VIVER NELL LANE
PENSACOLA, FL 32526 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: YOLANDA MAY

11/06/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MAY, YOLANDA Y
Address: 7400 VIVER NELL LANE
City-St-Zip: PENSACOLA, FL 32526 US

Title: MGRM
Name: FETKE, WILLIAM D
Address: 7400 VIVER NELL LANE
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM
Name: MAY, BRANDON B
Address: 7400 VIVER NELL LANE
City-St-Zip: PENSACOLA, FL 32526

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: YOLANDA MAY

MGRM

11/06/2011

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