

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L89961

FILED
Oct 07, 2009
Secretary of State

Entity Name: SOUTH FLORIDA PEDIATRIC SURGEONS, P.A.

Current Principal Place of Business:

1150 NORTH 35TH AVE
SUITE 555
HOLLYWOOD, FL 33021

New Principal Place of Business:

1150 NORTH 35TH AVE
SUITE 555
HOLLYWOOD, FL 33021 US

Current Mailing Address:

1150 NORTH 35TH AVE
SUITE 555
HOLLYWOOD, FL 33021

New Mailing Address:

300 NW 70TH AVENUE
SUITE 202
FT LAUDERDALE, FL 33317 US

FEI Number: 65-0202995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURANIK, SUBHASH R., M.D.
300 NW 70TH AVENUE
SUITE 202
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

MARKLEY, MICHELE A., M.D.
300 NW 70TH AVENUE
SUITE 202
FT LAUDERDALE, FL 33317 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: MICHELE A. MARKLEY, M.D.

10/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LONG, JULIE M.D.
Address: 1150 NORTH 35TH AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: DVP () Delete
Name: BIRKEN, GARY A, M.D.
Address: 1150 N 35TH AVE STE #555
City-St-Zip: HOLLYWOOD, FL

Title: D () Delete
Name: DRUCKER, DAVID E.M.
Address: 1150 N 35TH AVE STE #555
City-St-Zip: HOLLYWOOD, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LONG, JULIE M.D.
Address: 1150 NORTH 35TH AVE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: DP (X) Change () Addition
Name: BIRKEN, GARY A, M.D.
Address: 1150 N 35TH AVE STE #555
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D (X) Change () Addition
Name: DRUCKER, DAVID E.M., M.D.
Address: 1150 N 35TH AVE STE #555
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: DVP () Change (X) Addition
Name: MARKLEY, MICHELE A., M.D.
Address: 300 NW 70TH AVENUE #202
City-St-Zip: FT LAUDERDALE, FL 33317 US

Title: D () Change (X) Addition
Name: PUGLISI, ROBERTO N., M.D.
Address: 300 NW 70TH AVENUE #202
City-St-Zip: FT LAUDERDALE, FL 33317 US

Title: D () Change (X) Addition
Name: PURANIK, SUBHASH R., M.D.
Address: 300 NW 70TH AVENUE #202
City-St-Zip: FT LAUDERDALE, FL 33317 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE A. MARKLEY, M.D.

DVP

10/07/2009

Electronic Signature of Signing Officer or Director

Date