

L 99000002497

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(Business Entity Name)

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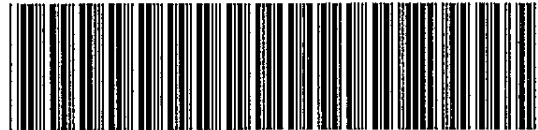
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08/26/04 P 2:12
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunshine Pediatrics, P.L.
(Name of Limited Liability Company)

DOCUMENT NUMBER: L99000002497

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles L. Hoffman, Jr.
(Name of Person)

Shell, Fleming, Davis & Menge
(Name of Firm/Company)

Post Office Box 1831
(Address)

Pensacola, Florida 32591-1831
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles L. Hoffman, Jr. at (850) 434-2411 Ext. 103
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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JUN 26 P 2:12
TALLAHASSEE, FL
SECRETARY OF STATE

**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. The name of the limited liability company is: Sunshine Pediatrics, P.L.
2. The mailing address of the limited liability company is : 185 Crossville Street, Cantonment,
Florida 32533

04/26/1999

L99000002497

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

John J. Lanza

Name

3990 Bentwood Lane

Address

Cantonment, FL 32533

City, State and Zip

6. The name and address of the new registered agent and/or office:

Rafah Aflak, MD

Name

2500 Meek Street

Florida street address (P.O. Box **NOT** acceptable)

Gulf Breeze

FL 32561

City, State and Zip

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.

Rafah Aflak
(Signature of a member or authorized representative of a member)

Rafah Aflak, MD

(Printed or typed name of signee)

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.

Rafah Aflak
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA