Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

: (850) 922-4003 Fax Number

From:

: FIELDSTONE LESTER SHEAR & DENBERG Account Name

Account Number : I19990000180 : (305)982-1555

: (305)982-1550 Fax Number

## LIMITED LIABILITY COMPANY

Pediatric Emergency Department Specialists, L.L.C.

Certificate of Status	0
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Electronic Editor Assim

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## OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pedriatric Emergency Department Specialists, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Lizbility Company is:

3100 S.W. 62nd Avenue, Miami, FL 33155

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

<u>Fieldstone</u> Name . 200 S. Biscayne Blvd., Ste. 2100 Florida succt address (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I farther agree to comply with the provisions of all statutes relating to the proper and complete performance of hy duties, and I am familiar with and accept the obligations of my position as registered dgent/hs/shovided for in Chapter 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

> (An additional article rayest be added if an effect Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution. of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kemp Crockett, M.D.

Typed or printed name of signee

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

FLORIDA	the Limited Liability Con	nnany is:					-
	•		isto II.C				
Pedi	ciatric Emergency Depa	Climent Speciar	<del>/ 2   - 2  </del>				
2. The name an	id the Florida street addres	ss of the registered	I agent and offic	e are:			
	Ronald R. Field				-	.=	
		(Name)					
	200 S. Biscayno	e Blvd., Ste 21	.00	<u> </u>	. P. S.	99	
•		ddress (P.O. Box NO		<del></del>	CRET	VON 6	
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liability compan	med as registered agent and ny at the place designated in n to act in this cappcity. I fu	n this certificate, I l Inther agree to con	hereby accept the uply with the prov	e appointment as requisions of all statute	guterea S	<u>.</u>	
relating to the p	roper and complete perform ty position as flegistered by	hance of my duties	, and I am fomilie	ar with and accept	the		
, the grant	- Mintel Ed				 		
	/(Signature)		,	•	-		-

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