

L99000008129


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS SECRETARY OF STATE DIVISION OF CORPORATIONS

FILED

SECRETARY OF STATE DIVISION OF CORPORATIONS

01 FEB 23 PM 1:59

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Katherina Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**  
1. Limited Liability Company's Name  
*Pediatric Emergency Department Specialists, L.L.C.*  
*L99000008129* *9/29/00*

800003782028-1  
-02/21/01-01033-003  
\*\*\*200.00 \*\*\*200.00

2. Principal Office Address  
*3100 S.W. 62nd Avenue*  
Suite, Apt. #, etc.

3. Mailing Office Address  
*3100 SW 62nd Avenue*  
Suite, Apt. #, etc.

City & State  
*Miami, Florida*

City & State  
*Miami, Florida*

Zip Country  
*33155 U.S.A.*

Zip Country  
*33155 U.S.A.*

4. State/Country of Formation  
*Florida, U.S.A.*

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  Applied For  Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee applies to this Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
*Ronald R. Fieldstone*

Street Address (P.O. Box Number is Not Acceptable)  
*201 Alhambra Circle, Suite 601*

Suite, Apt. #, Etc.

City State Zip Code  
*Coral Gables FL 33134*

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	<i>Rodney Baker</i>	<i>3100 S.W. 62nd Avenue</i>	<i>Miami, FL 33155</i>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees paid by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of *[Signature]* Date *1/25/01* Daytime Phone # *305-666-6511*

Typed printed name of signing Managing Member/Manager *Rodney Baker*

HERE

CREATED (UPEN)

**FIELDSTONE LESTER SHEAR & DENBERG**  
ATTORNEYS & COUNSELLORS AT LAW

RONALD FIELDSTONE, P.A.  
PAUL A. LESTER, P.A.  
DAVID SHEAR, P.A.  
MICHAEL B. DENBERG, P.A.

KENNETH R. DREYFUSS  
STEVEN W. HELLER\*

\*ADMITTED IN NEW YORK ONLY

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E-MAIL: fls@fl-s.com

OF COUNSEL:  
ROBERT E. DADY, P.A.  
LEE J. OSIASON, P.A.

February 21, 2001

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Via Federal Express

Re: Reinstatement of Pediatric Emergency Department Specialists, L.L.C.

Ladies and Gentlemen:

Please find your Limited Liability Company Reinstatement Form with check for \$200.00. Please reinstate the entity as soon as possible and fax us proof of same.

Thank you for your consideration.

Sincerely,



Ronald R. Fieldstone, Esq.

RRF:jat  
Enc.

HALIBRARY\Clients\Children's ER Spec\letters\dept of state.wpd  
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