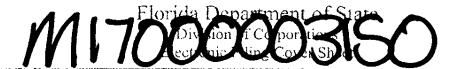
1/4/2017

Division of Corporations



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(((H17000002848 3)))



H1700000234/33ABC/

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FORSTER BOUGHMAN & LEPKOWLTZ

Account Number : 12014000076

Phone

: (407)255-2055

Fax Number

: (407)264-8295

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company Millennia Pediatrics, LLC

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Help

To: Florida Dept of State null Page 8 of 8

2017-04-12 10 42 34 (GMT)

14072648295 From: Forster Boughman and Lefkowitz

850-617-6381

2/1/2017 4:18:06 PM PAGE

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February 1, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FORSTER BOUGHMAN & LEFTOWITZ

SUBJECT: MILLENNIA PEDIATRICS, LLC

REF: W17000009138

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers FAX Aud. #: B17000032848

Regulatory Specialist II Supervisor Letter Number: 417A00002004

Registration/Qualification Section

FILED AR 12 M 7

Millennia Pediatrics, LLC

4448 Edgewater Drive Orlando, FL 32804 (407) 513-3000

February 15, 2017

Re: Millennia Pediatrics, Inc.

To whom it may concern:

Millennia Pediatries, Inc. has no intention to reinstate Millennia Pediatries, Inc. and releases the name "Millennia Pediatries" to Millennia Pediatries, LLC.

Thank you,

Donna M. Loggie, Member

Ph: (407) 513-3051 4448 Edgewater Drive Orlando, FL 32804 TO:

Registration Section

COVER LETTER

Divis	sion of Corporation	ons				
SUBJECT:	Milleonia Pediatri	es, LLC				
SCHOLET,	Name of Limited Liability Company					
The enclosed Existence, and	"Application by Fo Labook are submit	oreign Limited Liability Con led to register the above refe	npany for Authoriz renced foreign lin	ration to Transact Business in Florida," Certificate ated liability company to transact business in Florid	oť da	
Please return a	ill correspondence	concerning this matter to the	e following			
	Gary A. Poist	er, Esq.				
		N	venic of Person			
		man & Lelkowitz				
	Firm/Company					
	2200 Lucien V	Vay, Suite 405				
			Address			
	Maitland, FL	32751				
	City/State and Zip Code					
	dml!211@gmai					
		E-mail address: (to be use	d for future annua	report notification)		
For firsther infe	ormation concernit	ng this matter, please call:				
Gary	A. Forster, Esq.	Wheeler	407 at (255-2055		
	Name	of Contact Person	Area Code	Daytime Telephone Number		
Divisi Regis P.O. f Tallat	LING ADDRESS ion of Corporation tration Section 30x, 6327 nassee, FL 32314	S		STREET ADDRESS: Division of Corporations Registration Section Clifton Building, 2661 Executive Center Circle Tallahassee, FL 32301	FILED	
	heck for the follow 25 00 Filing Fee	/ing amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filli Certified Copy	ng Fee & S160.00 Filing Fee, Certificate -		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN PLORIDA

COMPANY TO TRANSACT B	BUSINESS IN THE STATE OF PLORIDA	, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ;	DMITED LIABILLY
		t melado "Lunius Linbility Company," "L.I. C.," or "LLC.")	THE MARKETON
(If name unavailable, enter : Linbility Company," "L.L.C	alternate name adopted for the purpose ;" or "LLC.")	of transacting business in Florida. The alternate name must incl	ude "Limited
2. Delaware		3. 56-2329537	
	of which foreign limited liability	(PEI number, (l'applicable)	
4	Date first infusabled busines	s in Florida, If prior to registration.) 2005, P.S. to determine penulty liability)	
5. 4448 Edgewater Drive		2203, F.S. to determine pennity liability)	
Orlando, FL 32864			
6 4448 Pagewater Drive	(Sucot Address of Pt	incipal Office)	
Orlando, PL 32804			
	(Mailing A	ddross)	
7. Name and street address	ss of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	Donna Loggie		
Office Address:	4448 Edgewater Drive		
	Orlando	, Florida 32804	
designated in this applica- to complywith the provision	gistered agent and to accept servic tion, I hereby accept the appointm	(Zip code) ce of process for the above stated limited Hability companion as registered agent and agree to act in this capacity, aper and complete performance of my duties, and I am y	I further goree
	(Registere	e Agent (signature)	5
8. The name, title or capa Donna Loggie, Manager	city and address of the person(s) w	the has/have authority to manage is/erc:	
4448 Engewater I	orizo		. 7
Orlando, FL 3280	14		\$. ** . **
9. Attached is a certificate	of existence, no more than 90 days of which it is organized. (If the cert	old, duly authenticated by the official having custody of reificate isyin a foreign language, a translation of the certificate	cords in the to under onth
	Signature of	an authorized person)	
This document is executed submitted in a document to	in accordance with section 605,020 the Department of State constitutes	03 (1) (b), Florida Statues, 1 am aware that any false informs a third degree felony as provided for in 5,817,155, F.S.	ation

Typed or printed using of signite

Donna Loggia



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MILLENNIA PEDIATRICS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

You may verify this certificate online at corplatelaware gov/authver.shtml

Authentication: 202357648

Date: 04-11-17

5647713 8300

SR# 20172420516