

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P00000066317

South Florida Pediatric Critical

Care Medicine Associates, P.A.

300004663393--6
-11/02/01-01002-012
*****35.00 *****35.00

FILED

01 NOV - 1 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

01 NOV - 1 PM 4:00

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ☒ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ___ Cert. Copy
- ☒ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

RA Charge
11-2-01
MS

Signature _____

Requested by: SK

Name _____

Date 11/1/01

Time 11:30

Walk-In _____

Will Pick Up _____

STATEMENT OF CHANGE OF REGISTERED OFFICE, REGISTERED AGENT OR BOTH

Pursuant to the provisions of Sections 607.0502,, 617.0502, 607.1508 or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office, or registered agent, or both, in the State of Florida.

1. Corporation Name: South Florida Pediatric Critical Care Medicine Associates, P.A.
2. Corporate Mailing Address: 11750 SW 22nd Court, Fort Lauderdale, FL 33325
3. Incorporation Date: July 11, 2000 Document Number: P00000066317
4. Name and Address of Current Registered Agent and Office: Capital Connection, Inc.
417 East Virginia Street, Suite One
Tallahassee, FL 32301
3. Name and Address of New Registered Agent and Office: Jay A. Martus, Esq.
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

FILED
01 NOV - 1 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

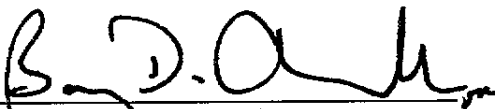
The street address of the office of the registered agent and the street address of the principal office of the Corporate as changed, are identical.

This change was authorized by resolution duly adopted by the Board of Directors or by an officer authorized by the Board.

CORPORATION:

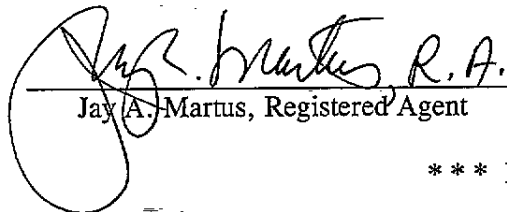
SOUTH FLORIDA PEDIATRIC CRITICAL
CARE MEDICINE ASSOCIATES, P.A.

By:


Barry Chandler, President

Date: October 23, 2001

Having been named as Registered Agent and to accept service of process for the above-stated corporation at the place designated in this certificate, 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 obligation of my position as Registered Agent.


Jay A. Martus, Registered Agent

Date: October 24, 2001

*** FILING FEE: \$35.00 ***