

P06000056069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
Fees
9-11-08



FOWLER WHITE BOGGS BANKER

ATTORNEYS AT LAW

ESTABLISHED 1943

Kathy J. Tayon
Direct Dial: 954-703-3903
Direct Fax: 954-707-4554
kathy.tayon@fowlerwhite.com

September 2, 2008

U.S. MAIL

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

Re: Pediatric Associates Holding Company;
Document number: P06000056069;
Statement of Change of Registered Office or Registered Agent or Both for Corporations

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement of Change of RO and RA") for the above-referenced corporation along with a check in the amount of \$87.50 for the payment of the following:

\$35 filing fee to file the Statement of Change of RO and RA
\$52.50 for a certified copy of the filed Statement of Change of RO and RA

Will you please send the certified copy of the filed Statement of Change of RO and RA to me at the following address:

Kathy J. Tayon
Fowler White Boggs Banker, P.A.
1200 East Las Olas Blvd., Suite 400
Ft. Lauderdale, Florida 33301

Also, if you have any questions or need any additional information, please call me at 954.703.3903. Thank you for your time and assistance.

Sincerely,

Fowler White Boggs Banker P.A.

Kathy J. Tayon

Enclosures

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FOWLER WHITE BOGGS BANKER P.A.

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pediatric Associates Holding Company
2. The principal office address: 4620 N. State Road 7, Suite 316, Building H, Lauderdale Lakes, FL 33319
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 04/19/2006 Document number: P06000056069
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

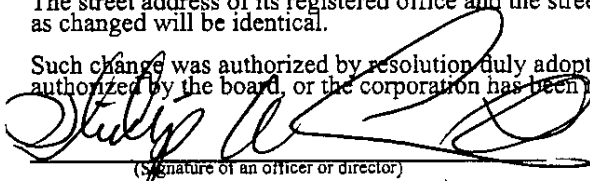
Gerson, Preston, Robinson & Company, P.A.
666 Seventy-First Street
Miami Beach, FL 33141

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gregory Taylor
c/o Pediatric Associates, 4620 North State Road 7, Building H, Suite 316
(P.O. Box NOT acceptable)
Lauderdale Lakes, FL, 33319

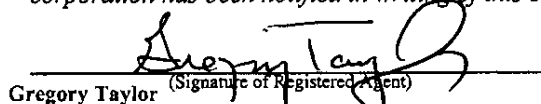
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Philip A. Levin, M.D., President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

August 26, 2008

(Date)

Gregory Taylor

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
2008 SEP - 8 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA