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Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

PEDIATRIC HEALTH CARE ALLIANCE, P.A.

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April 10, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PEDIATRIC HEALTH CARE ALLIANCE, P.A.
P O BOX 25437
TAMPA, FL 33623US

SUBJECT: PEDIATRIC HEALTH CARE ALLIANCE, P.A.
REF: P96000082597

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 form submitted is for a Limited Liability Company. Please submit the Statement of Change of Registered Agent/office for a corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

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DIVISION OF CORPORATIONS

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 617.1308, 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 Health Care Alliance, P.A.

2. The principal office address: 11274 W. Hillsborough Avenue
Tampa, FL 33635

3. The mailing address (if different): P.O. Box 25437
Tampa, FL 33623

4. Date of incorporation/qualification: 10/07/1996 Document number: P96000082597

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Rugg, Joseph W.N.

100 South Ashley Drive, #1500

Tampa, Florida 33602

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

American Information Services, Inc.

401 East Jackson Street, 1700
(P.O. Box NOT acceptable)

Tampa, Florida 33602

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.

F. Lane France, M.D.
(Signature of an officer or director) (Printed or typed name and title)

F. Lane France, M.D.

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.

Deborah L. Evans 4-11-07
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Deborah L. Evans, Asst. Secretary
(Typed or Printed Name)

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DIVISION OF CORPORATIONS

*** FILING FEE: $35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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