

Division of Corporations

P99000096421

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000323554 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 24 PM 2:45

FILED

RECEIVED

03 NOV 24 PM 1:09

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

NATALMED, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

**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: NATALMED, INC.
2. The principal office address: 1301 CONCORD TERRACE, SUNRISE, FL 33323

3. The mailing address (if different): _____

4. Date of incorporation/qualification: Nov. 1, 1999 Document number: P9900009642

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
WARREN CHARLENE
1301 CONCORD TERRACE, SUNRISE, FL 33323

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
C T Corporation System
c/o C T Corporation System
(P.O. Box or personal mailbox NOT acceptable)
1200 South Pine Island Road, Plantation, Florida 33324

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]
(Signature of officer, chairman or vice chairman of the board)

VP on 10/11
(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.*

C T Corporation System

[Signature]
(Signature of Registered Agent)

11/2/07
(Date)

If signing on behalf of an entity:

PETER F. SOUZA
ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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

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

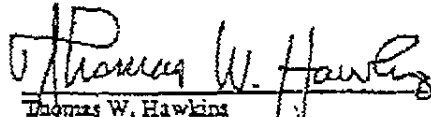
POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Pediatric Medical Group, Inc. ("Corporation"), a corporation incorporated under the laws of Florida does hereby appoint James Bordonaro and Heather Lydic as attorney-in-fact for the Corporation to act for the Corporation and subsidiaries of the Corporation attached hereto as Exhibit A (The "Subsidiaries") in the Corporation's and Subsidiaries' names for the limited purposes authorized herein.

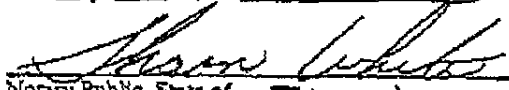
The Corporation and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and Subsidiaries' registered agent and registered office, or the agent and office of similar import, in any state.

This Power of Attorney expires when revoked by the Corporation or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on this 18th day of November, 2003.


James W. Hawkins
Senior Vice President, General Counsel and
Secretary

Sworn to and subscribed before me
this 18 day of November 2003


Notary Public, State of Florida
Commission Expires: 9/27/07



Sharon White
Commission #DD241212
Expires: Sep 27, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

Mountain States Neonatology Associates,
P.L.L.C.

Mountain States Neonatology, Inc.

NACF Acquisition Company, Inc.

NatalMed of Indiana, P.C.

NatalMed of Indiana, P.C.

NatalMed, Inc.

Neonatal Acquisition Company, Inc.
Neonatal and Pediatric Intensive Care
Medical Group, Inc.

Neonatal Specialists, Ltd.

Neonatal Specialists, P.C.

Neonatology Associates Billing, Inc.
Neonatology Associates of Central Florida,
Inc.

Neonatology-Cardiology Associates, P.A.

NSPA Acquisition Company, Inc.

NSPA Acquisition Company, Inc.
Obstetrix Acquisition Company of Arizona,
Inc.

Obstetrix Medical Group of Arizona, P.C.
Obstetrix Medical Group of California, a
Professional Corporation

Obstetrix Medical Group of Colorado, P.C.

Obstetrix Medical Group of Colorado, P.C.

Obstetrix Medical Group of Delaware, Inc.
Obstetrix Medical Group of Kansas and
Missouri, P.A.