

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000059614

**FILED**  
**Oct 18, 2006**  
**Secretary of State**

**Entity Name:** INTERVENTIONAL THERAPEUTICS INSTITUTE, LLC

**Current Principal Place of Business:**

5102 N. DAVIS HIGHWAY  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

5102 N. DAVIS HIGHWAY  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 83-0432335      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER SOUZA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MADEWELL, MICHAEL P  
Address: 8115 BRANDON ROAD  
City-St-Zip: PANAMA CITY, FL 32404

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL MADEWELL

MGMR

10/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date