

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000096327

**FILED**  
**Dec 22, 2010**  
**Secretary of State**

**Entity Name:** ENTA INVESTMENTS II LLC

**Current Principal Place of Business:**

1330 SOUTH FORT HARRISON AVENUE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1330 SOUTH FORT HARRISON AVENUE  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 20-5664657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CANTU, DAVID O  
25400 US HIGHWAY 19 NORTH  
SUITE 116  
CLEARWATER, FL 33763 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:** DAVID O. CANTU

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ALIDINA, ARIF A MD  
**Address:** 1330 SOUTH FORT HARRISON AVE  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** MGR  
**Name:** ANTHONY, STEVEN L DO  
**Address:** 1330 SOUTH FORT HARRISON AVE  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** MGR  
**Name:** JAMES, BARNA S MD  
**Address:** 1330 SOUTH FORT HARRISON AVE  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** MGR  
**Name:** COHEN, LANCE M MD  
**Address:** 1330 SOUTH FORT HARRISON AVE  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** MGR  
**Name:** MILLER, MITCHELL B MD  
**Address:** 1330 SOUTH FORT HARRISON AVE  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** MGR  
**Name:** STEINIGER, JOSEPH M MD  
**Address:** 1330 SOUTH FORT HARRISON AVE  
**City-St-Zip:** CLEARWATER, FL 33756 US

I hereby 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:** ARIF A. ALIDINA, MD

MGR

12/22/2010

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