

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, BARNAS 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