(H06000267245)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L01000016649

1. Limited Liability Company's Name
PHYSICIANS CLINICAL RESEARCH ALLIANCE, LLC

2. Principal Office Address	3. Mailing Office Address
2825 No. State Road 7	2825 No. State Road 7
Suite, Apt. #, etc.: Sutie 204	Suite, Apt. #, etc.: Suite 204
City & State: Margate, FL	City & State: Margate, FL
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/27/2001

6. FEI Number: 562351180 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Shelowitz, Paul A., Esq.
Street Address (P.O. Box Number is Not Acceptable): One Southeast Third Avenue
Suite, Apt. #, Etc.: 28th Floor
City: Miami State: FL Zip Code: 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Paul A. Shelowitz Date: 11/1/06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RAFAEL RODRIGUEZ, M.D., P.A.	2825 No. State Road 7, Suite 204	Margate, FL 33063
MGRM	ERIC D. MOSKOW, M.D., P.A.	2825 No. State Road 7, Suite 204	Margate, FL 33063

2004-2006

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this reinstatement as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Eric D. Moskow Date: _____ Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: Eric D. Moskow

(H06000267245)

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From: Mary A Laueds, Paralegal
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
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LIMITED LIABILITY REINSTATEMENT

PHYSICIANS CLINICAL RESEARCH ALLIANCE, LLC

Certificate of Status	0
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