2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# L03000037853

Entity Name: PHARMACEUTICAL RESEARCH SERVICES, LLC

Current Principal Place of Business:

147 SOUTH 19TH CIRCLE, S.W., SUITE #1
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

147 SOUTH 19TH CIRCLE, S.W., SUITE #1
VERO BEACH, FL 32962

New Mailing Address:

3956 TOWN CENTER BLVD., STE. 259
ORLANDO, FL 32837

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: NATALIA UTRERA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KEE, BERTHA A
Address: 147 SOUTH 19TH CIRCLE, S.W., SUITE #1
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM ( ) Delete
Name: KEE, BERTHA A
Address: 147 SOUTH 19TH CIRCLE, S.W., SUITE #1
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BERTA KEE MGR 10/09/2007

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