## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000086832

Entity Name: BRAUNER AND TA, M.D.'S, P.L.

**FILED** Dec 12, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

13601 BRUCE B DOWNS BOULEVARD SUITE 150

TAMPA, FL 336134605

**Current Mailing Address: New Mailing Address:** 

13601 BRUCE B DOWNS BOULEVARD SUITE 150 TAMPA, FL 336134605

FEI Number: 20-2020846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BRAUNER, ROBERT E M.D. 13601 BRÚCE B DOWNS BOULEVARD SUITE 150 TAMPA, FL 336134605 US

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: ALYSSA TA, MD

Name:

Electronic Signature of Registered Agent Date

Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

BRAUNER, ROBERT E M.D. Address: 13601 BRUCE B DOWNS BOULEVARD, SUITE 150 Address: City-St-Zip: TAMPA, FL 336134605 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: TA, ALYSSA C M.D. Name: Address: 13601 BRUCE B DOWNS BOULEVARD, SUITE 150 Address: City-St-Zip: TAMPA, FL 336134605 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: ALYSSA TA, MD 12/12/2008