

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:01

DOCUMENT # L05000003778 1. Entity Name ARUN AMATYA, MD, PLLC			
Principal Place of Business 3998 STONE HOLLOW CT #3 PALM HARBOR, FL 34684 US		Mailing Address 3998 STONE HOLLOW CT #3 PALM HARBOR, FL 34684 US	
2. Principal Place of Business 16440 S. Post Rd Suite, Apt. #, etc. # 302		3. Mailing Address 16440 S. Post Rd Suite, Apt. #, etc. # 302	
City & State WESTIN, FL		City & State WESTIN, FL	
Zip 33331	Country	Zip 33331	Country
6. Name and Address of Current Registered Agent ARUN, AMATYA 3998 STONE HOLLOW CT #3 PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16440 S. Post Rd # 302 City WESTIN FL Zip Code 33331	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> DATE: <i>10/10/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARUN, AMATYA 3998 STONE HOLLOW CT PALM HARBOR, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16440 S. Post Rd, #302 WESTIN, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>[Signature]</i>		Date: <i>10/10/06</i> Daytime Phone #: <i>727-667-0761</i>	