

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000054073

Entity Name: BPRC DEVELOPMENT, LLC

FILED
Jun 30, 2008
Secretary of State

Current Principal Place of Business:

7171 NORTH DALE MABRY,
SUITE #501
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7171 NORTH DALE MABRY,
SUITE #501
TAMPA, FL 33614

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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:

BRAUN, EDWARD W MD
7171 NORTH DALE MABRY
SUITE #501
TAMPA, FL 33614 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: EDWARD W BRAUN, MD

06/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRAUN, EDWARD W
Address: 7171 NORTH DALE MABRY, SUITE #501
City-St-Zip: TAMPA, FL 33614

Title: ST () Delete
Name: BRAUN, EDWARD W
Address: 7171 NORTH DALE MABRY, SUITE #501
City-St-Zip: TAMPA, FL 33614

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRAUN, EDWARD W MD
Address: 7171 NORTH DALE MABRY, SUITE #501
City-St-Zip: TAMPA, FL 33614

Title: MGR (X) Change () Addition
Name: CRESPO, ISRAEL MD
Address: 7171 NORTH DALE MABRY, SUITE #305
City-St-Zip: TAMPA, FL 33614

Title: MGR () Change (X) Addition
Name: PATEL, RAVINDRA MD
Address: 7171 NORTH DALE MABRY, SUITE #402
City-St-Zip: TAMPA, FL 33614

Title: MGR () Change (X) Addition
Name: PATEL, SHARAD MD
Address: 7171 NORTH DALE MABRY, SUITE #402
City-St-Zip: TAMPA, FL 33614

Title: MGR () Change (X) Addition
Name: RODRIGUEZ, CRES MD
Address: 7001 NORTH DALE MABRY, SUITE #11
City-St-Zip: TAMPA, FL 33614

Title: MGR () Change (X) Addition
Name: ROSARIO, ANGEL MD
Address: 7171 NORTH DALE MABRY, SUITE #305
City-St-Zip: TAMPA, FL 33614

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: EDWARD W BRAUN MD

MGRM

06/30/2008

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