

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000026043

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** THERAPY REVIEW SYSTEMS, LLC

**Current Principal Place of Business:**

9415 SUNSET DRIVE  
218  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

9415 SUNSET DRIVE  
218  
MIAMI, FL 33173 US

**New Mailing Address:**

**FEI Number:** 65-0899398      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

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

BRYN, MARK J  
2 SOUTH BISCAYNE BOULEVARD  
218  
MIAMI, FL 33131 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: MARK BRYN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KAPLAN, ERIC J  
Address: 9415 SUNSET DRIVE, #218  
City-St-Zip: MIAMI, FL 33173 US

**ADDITIONS/CHANGES:**

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: ERIC KAPLAN

MGR

04/30/2008

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