

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000082159

FILED  
Oct 09, 2008  
Secretary of State

Entity Name: PHYSICIANS RESEARCH ALLIANCE LLC

## Current Principal Place of Business:

755 MORRISEY AVENUE #9211  
ORANGE CITY, FL 32763 US

## New Principal Place of Business:

86 SPRING VISTA DRIVE  
DEBARY, FL 32713 US

## Current Mailing Address:

755 MORRISEY AVENUE #9211  
ORANGE CITY, FL 32763 US

## New Mailing Address:

86 SPRING VISTA DRIVE  
DEBARY, FL 32713 US

FEI Number: 37-1525984      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:

NYANTEH, JEFFREY O  
HILLCREST MEDICAL CENTER  
1061 MEDICAL CENTER DR  
ORANGE CITY, FL 32763 US

## Name and Address of New Registered Agent:

NYANTEH, JEFFREY O  
86 SPRING VISTA DRIVE  
DEBARY, FL 32713 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: JEFFREY NYANTEH

10/09/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: NYANTEH, HARRY B MD  
Address: 755 MORRISEY AVENUE #9211  
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGRM (X) Delete  
Name: BURNS, SYLVIA  
Address: 755 MORRISEY AVENUE #9211  
City-St-Zip: ORANGE CITY, FL 32763 US

Title: MGRM ( ) Delete  
Name: NYANTEH, JEFFREY  
Address: 755 MORRISEY AVENUE #9211  
City-St-Zip: ORANGE CITY, FL 32763 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: NYANTEH, HARRY B MD  
Address: 86 SPRING VISTA DRIVE  
City-St-Zip: DEBARY, FL 32713 US

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

Title: MGRM (X) Change ( ) Addition  
Name: NYANTEH, JEFFREY  
Address: 86 SPRING VISTA DRIVE  
City-St-Zip: DEBARY, FL 32713 US

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: HARRY NYANTEH MD, MPH, MSC, CRCP

MGRM

10/09/2008

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