2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2007
Secretary of State

DOCUMENT# L06000087295

Entity Name: UNITED THERAPY GROUP L.L.C.

Current Principal Place of Business:

19804 NE 22 LN
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

19804 NE 22 LN
HAWTHORNE, FL 32640

New Mailing Address:

PO BOX 1073
WESTMINSTER, MD 21157

FEI Number: 20-5565036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

LOTOW, DARREN
19804 NE 22 LN
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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: DARREN LOTOW

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LOTOW, DARREN	
Address:	19804 NE 22 LN	
City-St-Zip:	HAWTHORNE, FL 32640	
Title:	MGRM	( ) Delete
Name:	PASTEUR, GEORGE	
Address:	174 WILLIS STREET	
City-St-Zip:	WESTMINSTER, MD 21157	
Title:	MGRM	( ) Delete
Name:	LOTOW, CATHERINE	
Address:	19804 NE 22 LN	
City-St-Zip:	HAWTHORNE, FL 32640	
Title:	MGRM	( ) Delete
Name:	PASTEUR, KRISTINA	
Address:	174 WILLIS STREET	
City-St-Zip:	WESTMINSTER, MD 21157	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KRISTINA PASTEUR MGRM 10/08/2007

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