

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000117557

Entity Name: A.T.P. THERAPIES, LLC

FILED
Aug 26, 2008
Secretary of State

Current Principal Place of Business:

8023 NW 31ST AVENUE
APT G-40
GAINESVILLE, FL 32606

New Principal Place of Business:

6750 NW 16TH ST
SUITE A
GAINESVILLE, FL 32653 US

Current Mailing Address:

8023 NW 31ST AVENUE
APT G-40
GAINESVILLE, FL 32606

New Mailing Address:

6750 NW 16TH ST
SUITE A
GAINESVILLE, FL 32653 US

FEI Number: 74-3196900 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:

PALMER, AARON
8023 NW 31ST AVENUE
APT G-40
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

PALMER, AARON
6750 NW 16TH ST
SUITE A
GAINESVILLE, FL 32653 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: AARON PALMER

08/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMER, AARON
Address: 8023 NW 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PALMER, AARON T
Address: 6750 NW 16TH ST. SUITE A
City-St-Zip: GAINESVILLE, FL 32653 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: AARON PALMER

MGRM

08/26/2008

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