

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000032675

Entity Name: DOCTORSPARTNER LLC

FILED
Oct 31, 2008
Secretary of State

Current Principal Place of Business:

1190 OLDE BAILEY LANE
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

1190 OLDE BAILEY LANE
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 83-0486420 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:

VENKATACHALAM, NAVEEN
1190 OLDE BAILEY LANE
WEST MELBOURNE, FL 32904 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: NAVEEN VENKATACHALAM

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VENKATACHALAM, NAVEEN
Address: 1190 OLDE BAILEY LANE
City-St-Zip: WEST MELBOURNE, FL 32904 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: NAVEEN VENKATACHALAM

MGRM

10/31/2008

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