2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 29, 2009
Secretary of State

DOCUMENT# L07000032675

Entity Name: DOCTORSPARTNER LLC

Current Principal Place of Business:

1190 OLDE BAILEY LANE
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

948 S. WICKHAM ROAD
102
WEST MELBOURNE, FL 32904 US

Current Mailing Address:

1190 OLDE BAILEY LANE
WEST MELBOURNE, FL 32904 US

New Mailing Address:

948 S. WICKHAM ROAD
102
WEST MELBOURNE, FL 32904 US

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:

VENKATACHALAM, NAVEEN
948 S. WICKHAM ROAD
102
WEST MELBOURNE, FL 32904 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: NAVEEN VENKATACHALAM 10/29/2009
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: MGRM (X) Change ( ) Addition
Name: VENKATACHALAM, NAVEEN
Address: 948 S. WICKHAM ROAD - #102
City-St-Zip: WEST MELBOURNE, FL 32904 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: MAURY M. BARSON CPA 10/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date