

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000110001

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** PHOENIX RISING CLINICAL RESEARCH, LLC

**Current Principal Place of Business:**

1411 DRUID ISLE ROAD  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

1419 DRUID ISLE ROAD  
MAITLAND, FL 32751 US

**Current Mailing Address:**

1411 DRUID ISLE ROAD  
MAITLAND, FL 32751 US

**New Mailing Address:**

1419 DRUID ISLE ROAD  
MAITLAND, FL 32751 US

**FEI Number:** 26-1338787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, BRIGETTE Y  
1411 DRUID ISLE ROAD  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

TAYLOR, BRIGETTE Y  
1419 DRUID ISLE ROAD  
MAITLAND, FL 32751 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: BRIGETTE Y TAYLOR

09/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TAYLOR, BRIGETTE Y  
Address: 1419 DRUID ISLE ROAD  
City-St-Zip: MAITLAND, FL 32751 US

I hereby 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: BRIGETTE Y TAYLOR

MGR

09/30/2010

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