

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000001743

**FILED**  
**Oct 07, 2014**  
**Secretary of State**

**Entity Name:** PASADENA CENTER FOR MEDICAL RESEARCH, LLC.

**Current Principal Place of Business:**

1615 PASADENA AVENUE  
SUITE 200  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

1615 PASADENA AVENUE  
SUITE 200  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

**FEI Number:** 27-1626663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOHAMED, ALI  
1615 PASADENA AVENUE  
SUITE 200  
ST. PETERSBURG, FL 33707 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:** MOHAMED ALI

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** ALI, MOHAMED  
**Address:** 1615 PASADENA AVENUE #200  
**City-St-Zip:** ST. PETERSBURG, FL 33707

**Title:** MGRM  
**Name:** ALRABAA, SALLY  
**Address:** 1615 PASADENA AVENUE #200  
**City-St-Zip:** ST. PETERSBURG, FL 33707

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** MOHAMED ALI

DR.

10/07/2014

Electronic Signature of Authorized Person

Date