

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000032251

**FILED**  
**Sep 26, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED THERAPY ASSOCIATES LLC

**Current Principal Place of Business:**

5400 SOUTH UNIVERSITY DRIVE, SUITE 119  
DAVIE, FL 33328

**New Principal Place of Business:**

5400 SOUTH UNIVERSITY DRIVE  
SUITE 119  
DAVIE, FL 33328

**Current Mailing Address:**

5400 SOUTH UNIVERSITY DRIVE, SUITE 119  
DAVIE, FL 33328

**New Mailing Address:**

5400 SOUTH UNIVERSITY DRIVE  
SUITE 119  
DAVIE, FL 33328

**FEI Number:** 27-2156421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

COHEN, BRADLEY R  
5400 SOUTH UNIVERSITY DRIVE  
SUITE 119  
DAVIE, FL 33328 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: \*BRADLEY\_ \*\_COHEN\*

09/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COHEN, BRADLEY R  
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 119  
City-St-Zip: DAVIE, FL 33328

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: \*BRADLEY\_ \*\_COHEN\*

MGRM

09/26/2011

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