

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000076033

**FILED**  
**Dec 10, 2012**  
**Secretary of State**

**Entity Name:** THERAGENX, LLC

**Current Principal Place of Business:**

10512 ROCHESTER WAY  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

10512 ROCHESTER WAY  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONOVAN, KRISTINA L  
10512 ROCHESTER WAY  
TAMPA, FL, FL 33626 US

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

DONOVAN, KRISTINA L  
10512 ROCHESTER WAY  
TAMPA, FL 33626 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: KRISTINA L DONOVAN

12/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DONOVAN, KRISTINA L  
Address: 10512 ROCHESTER WAY  
City-St-Zip: TAMPA, FL 33626

Title: MGRM  
Name: DONOVAN, JOSEPH M  
Address: 10512 ROCHESTER WAY  
City-St-Zip: TAMPA, FL 33626

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: KRISTINA L DONOVAN

MGRM

12/10/2012

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