2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 10, 2008
Secretary of State

DOCUMENT# M06000006894

Entity Name: GRACEWAY PHARMACEUTICALS, LLC

Current Principal Place of Business:

340 EDGEMONT AVE., SUITE 500
BRISTOL, TN 37620

New Principal Place of Business:

340 MLK, JR., BLVD., SUITE 500
BRISTOL, TN 37620

Current Mailing Address:

340 EDGEMONT AVE., SUITE 500
BRISTOL, TN 37620

New Mailing Address:

340 MLK, JR., BLVD., SUITE 500
BRISTOL, TN 37620

FEI Number: 14-1965385 **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JOHN C. BOWLES W/P CT CORP SYSTEM 09/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GATEWAY HOLDINGS, LL, C
Address: 340 EDGEMONT AVE., SUITE 500
City-St-Zip: BRISTOL, TN 37620

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN C. BOWLES, CORPORATE COUNSEL CA 09/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date