

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M08000001629

FILED
Jan 03, 2011
Secretary of State

Entity Name: CYPRESS MEDPRO PARTNERS, LLC

Current Principal Place of Business:

120 PRESTON EXECUTIVE DRIVE, SUITE 200
CARY, NC 27513

New Principal Place of Business:

120 PRESTON EXECUTIVE DRIVE, SUITE 200
SUITE 200
CARY, NC 27513

Current Mailing Address:

120 PRESTON EXECUTIVE DRIVE, SUITE 200
CARY, NC 27513

New Mailing Address:

120 PRESTON EXECUTIVE DRIVE, SUITE 200
SUITE 200
CARY, NC 27513

FEI Number: 26-2289333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHEMBRI, JENIFER S
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SCHEMBRI, JENIFER S
2 NORTH TAMiami TRAIL
#408
SARASOTA, FL 34236 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: JENIFER S. SCHEMBRI

01/03/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: OAKS, MAX
Address: 120 PRESTON EXECUTIVE DRIVE, SUITE 200
City-St-Zip: CARY, NC 27513

Title: MGR
Name: ANGUS, KERRY
Address: 120 PRESTON EXECUTIVE DRIVE, SUITE 200
City-St-Zip: CARY, NC 27513

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: MAX OAKS

MGR

01/03/2011

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