2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 03, 2011
Secretary of State

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Entity Name: SOUTHERN NEUROPHYSIOLOGY, LLC

Current Principal Place of Business:

6250 SHILOH ROAD SUITE 110
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

6250 SHILOH ROAD SUITE 110
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 58-2132558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JENNIFER AULTMAN, ASST. SECRETARY

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: NGRN
Name: ALLEN, ROBERT R III
Address: 6250 SHILOH ROAD SUITE 110
City-St-Zip: ALPHARETTA, GA 30005

Title: CFO
Name: DAVIS, KATHERINE A
Address: 6250 SHILOH ROAD SUITE 110
City-St-Zip: ALPHARETTA, GA 30005

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 Statues.

SIGNATURE: ANN DAVIS CFO 10/03/2011

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