

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M10000002593

**FILED**  
**Aug 02, 2012**  
**Secretary of State**

**Entity Name:** PHARMALINK PHARMACEUTICAL, LLC

**Current Principal Place of Business:**

5005 SOUTH ASH AVE., SUITE 7  
TEMPE, AZ 85282

**New Principal Place of Business:**

3050 SOUTH MILL AVE  
SUITE 17  
TEMPE, AZ 85282

**Current Mailing Address:**

5005 SOUTH ASH AVE., SUITE 7  
TEMPE, AZ 85282

**New Mailing Address:**

3050 SOUTH MILL AVE  
SUITE 17  
TEMPE, AZ 85282

**FEI Number:** 32-0208643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: NRAI SERVICES, INC.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CZOCHARA, BRIAN  
Address: 3050 SOUTH MILL AVE SUITE 17  
City-St-Zip: TEMPE, AZ 85282

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: BRIAN CZOCHARA

MGR

08/02/2012

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