

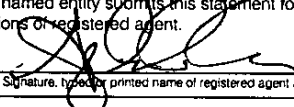
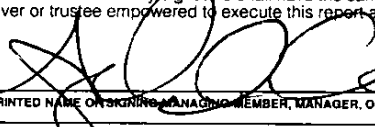


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 10:20

| | | | | | |
|--|---|---|--|--|--|
| DOCUMENT # L04000022773 1. Entity Name DA GROSA HEALTH PROFESSIONALS, LLC | | | |  | |
| Principal Place of Business 1726 NATURE COURT PALM BEACH GARDENS, FL 33410 US | | Mailing Address 1726 NATURE COURT PALM BEACH GARDENS, FL 33410 US | | 11/28/06 01075-001 **155.00  | |
| 2. Principal Place of Business 2322 D SUITE, APT. #, ETC. JUPITER City & State FLA Zip 33458 Country Palm Beach | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip 33458 Country USA | | 10192006 REIN-LLC CR2E101 (11/05) 4. FEI Number 20-0952700 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent DA GROSA, ANGELA 1726 NATURE COURT PALM BEACH GARDENS, FL 33410 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: Nov 29-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DA GROSA, ANGELA 1726 NATURE COURT PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DA GROSA, Angela 3266 JUPITER LAKES BLVD 2322D Jupiter, FL 33458 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DA GROSA, ANGELA 1726 NATURE COURT PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500082116875 11/28/06--01075--001 **155.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DA GROSA, ANGELA 1726 NATURE COURT PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT 2006 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DA GROSA, ANGELA 1726 NATURE COURT PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DA GROSA, ANGELA 1726 NATURE COURT PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  | | | | Date: Nov 29/06 Daytime Phone #: 561-381-6442 | |