

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000042080

Entity Name: OBAGI MEDICAL STAFFING L.L.C

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

3320 FALLING ACORN CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

617 RANDON TERRACE
LAKE MARY, FL 32746

Current Mailing Address:

3320 FALLING ACORN CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

PO BOX 950635
LAKE MARY, FL 32795

FEI Number: 20-1196583 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:

LUCAS, HOLLY N
3320 FALLING ACORN CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

LUCAS, HOLLY N
617 RANDON TERRACE
LAKE MARY, FL 32746 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: HOLLY LUCAS

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUCAS, HOLLY N
Address: 3320 FALLING ACORN CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LUCAS, HOLLY N
Address: 617 RANDON TERRACE
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: HOLLY LUCAS

MNGR

04/27/2006

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