

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000110266

FILED
Oct 14, 2010
Secretary of State

Entity Name: FLORIDA WELLNESS & REHABILITATION CENTER OF F.I.U./KENDALL,L.L.C.

Current Principal Place of Business:

11890 S.W. 8 ST., STE 400/401
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

11890 S.W. 8 ST., STE 400/401
MIAMI, FL 33184

New Mailing Address:

51 EAST 1ST AVE
HIALEAH, FL 33010

FEI Number: 27-1347291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERECEDA, MARK A
11890 S.W. 8 ST., STE 400/401
MIAMI, FL 33184 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: MARK A CERECEDA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: GM
Name: LUANA, ORTEGA ALONSO
Address: 51 EAST 1ST AVE
City-St-Zip: HIALEAH, FL 33010

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: LUANA ORTEGA ALONSO

GM

10/14/2010

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