2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# L03000026292

Entity Name: ANTI-AGING CLINIC OF DESTIN, L.L.C.

Current Principal Place of Business:

4485 FURLING LANE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4485 FURLING LANE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3581707 **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:

HAUGHT, BRUCE A
385 HIGHWAY 98 E, STE. 220
DESTIN, FL 32541 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: WILLIAM R. BURDEN, MD

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BURDEN, WILLIAM R M.D.	
Address:	4485 FURLING LANE	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	METZ, KARL M.D.	
Address:	4485 FURLING LANE	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	HARRIS, WALTER D M.D.	
Address:	4485 FURLING LANE	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	THE SAVANNAH GROUP O, F DESTIN, INC.	
Address:	4485 FURLING LANE	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	ENNIS, L. SCOTT N.D.	
Address:	4485 FURLING LANE	
City-St-Zip:	DESTIN, FL 32541	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM R. BURDEN, MD MM 10/06/2005

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