


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000097901	
1. Entity Name MEDICAL HEALING CENTER, LLC	

**FILED**

08 OCT 28 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 225 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301	Mailing Address 225 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10282008 REIN-LLC CR2E101 (1/07)

4. FEI Number 06-1663081	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  MYERS, ANGELA 225 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Angela Myers* (NOTE: Registered Agent signature required when reinstating) DATE 10/28/08

<b>FILE NOW!!! FEE IS \$138.75</b> After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MYERS, ANGELA 225 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  700137491587 10/30/08--01044--011 **138.75
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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: *Angela Myers* DATE 10/28/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE