

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000023210

Entity Name: A. LILY HEALTH, LLC

FILED
Nov 15, 2004
Secretary of State

Current Principal Place of Business:

124 ANNAPOLIS LN
PONTE VEDRA, FL 32082

New Principal Place of Business:

Current Mailing Address:

124 ANNAPOLIS LN
PONTE VEDRA, FL 32082

New Mailing Address:

FEI Number: 74-3097071 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:

DIVENERE, THOMAS M
124 ANNAPOLIS LN
PONTE VEDRA, FL 32082 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DIVENERE, T.M.
Address: 124 ANNAPOLIS LN
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRM () Delete
Name: DIVENERE, MATTHEW
Address: 2564 OGLETHORPE CIRCLE
City-St-Zip: ATLANTA, GA 30319

Title: MGRM () Delete
Name: RUSSO, HOLLY
Address: 16055 EMERALD COAST PWKY STE.105
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:

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: HOLLY RUSSO

MGRM

11/15/2004

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