

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000026292

FILED
Oct 06, 2005
Secretary of State

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:

Name and Address of New Registered Agent:

HAUGHT, BRUCE A
385 HIGHWAY 98 E, STE. 220
DESTIN, FL 32541 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: 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