2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000027878

Entity Name: FOR YOUR HEALTH MEDICAL AND REHAB CENTERS, L.L.C.

FILED Nov 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7284 W OAKLAND PARK BVLD 6736 N UNIVERSITY DR LAUDERHILL, FL 33319 TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

7284 W OAKLAND PARK BVLD 6736 N UNIVERSITY DR LAUDERHILL, FL 33319 TAMARAC, FL 33321

FEI Number: 32-0086879 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:

BLAND, DEBRA

6505 RACQUET CLUB DRIVE

LAUDERHILL, FL 33319 US

WILLIAM, REYNOLDS

6736 N UNIVERSITY DR

TAMARAC, FL 33321 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 C REYNOLDS 11/28/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:BLAND, DEBRAName:WILLIAM, REYNOLDSAddress:7284 W OAKLAND PARK BVLDAddress:6736 N UNIVERSITY DRCity-St-Zip:LAUDERHILL, FL 33319City-St-Zip:TAMARAC, FL 33321

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 C REYNOLDS PRES 11/28/2005