2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 28, 2005
Secretary of State

DOCUMENT# L03000035122

Entity Name: PARTNERS IN HEALTH AND WELLNESS, L.L.C.

Current Principal Place of Business:

1603 S. HIAWASSEE ROAD
SUITE 100
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6183417
ORLANDO, FL 32861 US

New Mailing Address:

P O BOX 618347
ORLANDO, FL 32861 US

FEI Number: 20-0268050 **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:

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803 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: RAVI AKELLA

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AKELLA, RAVI P
Address: P O BOX 616612
City-St-Zip: ORLANDO, FL 32861 US

Title: MGR ( ) Delete
Name: VANGALA, PRADEEP K
Address: P O BOX 616612
City-St-Zip: ORLANDO, FL 32861 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: AKELLA, RAVI P
Address: P O BOX 618347
City-St-Zip: ORLANDO, FL 32861 US

Title: MGR (X) Change ( ) Addition
Name: VANGALA, PRADEEP K
Address: P O BOX 618347
City-St-Zip: ORLANDO, FL 32861 US

Title: MGR ( ) Change (X) Addition
Name: GANJAM, RAGHU D
Address: PO BOX 618347
City-St-Zip: ORLANDO, FL 32861 US

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: RAVI P AKELLA MGR 11/28/2005

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