

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000019917

**FILED**  
**Oct 30, 2007**  
**Secretary of State**

**Entity Name:** THE CENTER FOR ADVANCED WELLNESS, L.L.C.

**Current Principal Place of Business:**

2222 S. TAMiami TRAIL  
SARASOTA, FL 34239

**New Principal Place of Business:**

2222 S. TAMiami TRAIL  
SUITE C  
SARASOTA, FL 34239

**Current Mailing Address:**

P.O. BOX 49766  
SARASOTA, FL 342306766

**New Mailing Address:**

**FEI Number:** 26-0080942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DUNHAM, JOHN R III  
2 N. TAMiami TRAIL, SUITE 500  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

SHEPARD, DAVID  
2222 SOUTH TAMiami TRAIL  
SUITE C  
SARASOTA, FL 34239 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: DAVID SHEPARD

10/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LIEURANCE, JOHN  
Address: 2222 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN A. LIEURANCE

MGR

10/30/2007

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