

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000024049

Entity Name: BELLA VITA MEDISPA, LLC

FILED  
Aug 21, 2006  
Secretary of State

## Current Principal Place of Business:

13909 NORTH DALE MABRY HIGHWAY  
SUITE 101  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

14924 CASEY ROAD  
TAMPA, FL 33624

## New Mailing Address:

13909 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618

FEI Number: 75-3150297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

LATORRE, RANDALL C MD  
14924 CASEY ROAD  
TAMPA, FL 33624      US

## Name and Address of New Registered Agent:

LATORRE, CHERYL L  
13909 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618      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: CHERYL L. LATORRE

08/21/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: FINNEY, CHERYL L  
Address: 14924 CASEY ROAD  
City-St-Zip: TAMPA, FL 33624

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

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: LATORRE, CHERYL L  
Address: 13909 NORTH DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618 US

Title: MGR      ( ) Change (X) Addition  
Name: LATORRE, RANDALL C MD  
Address: 13909 NORTH DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL L. LATORRE

MGR

08/21/2006

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