2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# L04000030961

Entity Name: THE CENTER FOR INTEGRATIVE HEALTH PLLC

Current Principal Place of Business:

2300 NE 2ND AVE
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

2300 NE 2ND AVE
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 20-1029692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COSBY, JOHN L DO
2300 NE 2ND AVE
MIAMI, FL 33137 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: JOHN COSBY

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COSBY, JOHN L
Address: 2300 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

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 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 COSBY MGRM 02/22/2007

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