

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 04, 2005  
Secretary of State**

DOCUMENT# L04000031465

Entity Name: ILENE ON HEALTH, LLC

**Current Principal Place of Business:**

4505 ROANOAK WAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

4505 ROANOAK WAY  
SUITE 301  
PALM HARBOR, FL 34685 US

**Current Mailing Address:**

4505 ROANOAK WAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

4505 ROANOAK WAY  
SUITE 301  
PALM HARBOR, FL 34685 US

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: ILENE L. GERSHBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GERSHBERG, ILENE L  
Address: 4505 ROANOAK WAY  
City-St-Zip: PALM HARBOR, FL 34685 US

**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 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: ILENE L. GERSHBERG MGR 10/04/2005

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