

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000050913

Entity Name: BACK TO HEALTH, LLC

FILED
Nov 02, 2009
Secretary of State

Current Principal Place of Business:

1881 N.E. 26TH STREET
SUITE 10
WILTON MANORS, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1881 N.E. 26TH STREET
SUITE 10
WILTON MANORS, FL 33305 US

New Mailing Address:

FEI Number: 75-3160511 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:

Name and Address of New Registered Agent:

WOOLDRIDGE, DARLENE S
1881 N.E. 26TH STREET
SUITE 10
WILTON MANORS, FL 33305 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: DARLENE S. WOOLDRIDGE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOOLDRIDGE, DARLENE S
Address: 2727 N.E. 20TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33305 US

Title: MGR () Delete
Name: CASEY, KATHLEEN M
Address: 3601 NE 17TH AVE.
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES:

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

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: DARLENE S. WOOLDRIDGE

MGR.

11/02/2009

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