2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2006
Secretary of State

DOCUMENT# L05000034839

Entity Name: INSTITUTE OF BARIATRIC MEDICINE FRANCHISE GROUP, PLLC

Current Principal Place of Business:

2139 NE 2ND STREET
B-1
OCALA, FL 34470

New Principal Place of Business:

2139 NE SECOND STREET
B-1
OCALA, FL 34470

Current Mailing Address:

2139 NE 2ND STREET
B-1
OCALA, FL 34470

New Mailing Address:

2139 NE SECOND STREET
B-1
OCALA, FL 34470

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

LEWICKI, JERRY
807 SW 3RD AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

GILLIS, H. TIMOTHY
50 N. LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 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: H. TIMOTHY GILLIS 10/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOLLOWAY, MICHAEL M M.D.
Address: 8250 NW 136TH AVE RD
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: INST.OF BARIATRIC ME, DICINE MGMT.GR O UP, LLC
Address: 2139 NE SECOND STREET, SUITE B-1
City-St-Zip: OCALA, FL 34470

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: MICHAEL M. HOLLOWAY MGRM 10/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date