

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000030594

FILED
Oct 12, 2007
Secretary of State

Entity Name: ZEN VIDA MEDICAL SPA, LLC

Current Principal Place of Business:

10180 CAMINO DEL DIOS
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

5944 CORAL RIDGE DR.
229
CORAL SPRINGS, FL 33076 US

Current Mailing Address:

10180 CAMINO DEL DIOS
DELRAY BEACH, FL 33446 US

New Mailing Address:

5944 CORAL RIDGE DR.
229
CORAL SPRINGS, FL 33076 US

FEI Number: 20-4565673 **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:

BELTRAN, MARICARMEN
10180 CAMINO DEL DIOS
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

BELTRAN-GARCIA, MARICARMEN
5944 CORAL RIDGE DR.
229
CORAL SPRINGS, FL 33076 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: MARICARMEN BELTRAN-GARCIA

10/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, ANGEL M M.D.
Address: 10180 CAMINO DEL DIOS
City-St-Zip: DELRAY BEACH, FL 33446 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARCIA, ANGEL M M.D.
Address: 5944 CORAL RIDGE DR. # 229
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: ANGEL M. GARCIA, M.D.

MGRM

10/12/2007

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