2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 19, 2007
Secretary of State

DOCUMENT# L06000030601

Entity Name: THE WELLINGTON INSTITUTE FOR WELLNESS AND AESTHETIC MEDICINE, LLC

Current Principal Place of Business:

2451 BRICKELL AVE. UNIT 11M
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

256 ALHAMBRA CIR. SUITE 705
CORAL GABLES, FL 33134

New Mailing Address:

255 ALHAMBRA CIR
705
CORAL GABLES, FL 33134

FEI Number: 84-1652252 **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:

CARLOS A. MARIN, P.A.
255 ALHAMBRA CIR. SUITE 705
CORAL GABLES, FL 33134 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: CARLOS A. MARIN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CABANELLAS, JENNINE M MD,PA
Address: 2451 BRICKELL AVE. UNIT 11M
City-St-Zip: MIAMI, FL 33129

Title: MGR ( ) Delete
Name: TOLEDO, NILSA H
Address: 1060 NW 116 AVE.
City-St-Zip: PLANTATION, FL 33323

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: JENNINE M. CABANELLAS MGR 09/19/2007

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