2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000034210

Entity Name: MEDICAL SPA AT BHILLC

FILED Oct 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

300 NORTH LAKE DESTINY ROAD MAITLAND, FL 32751 US

Current Mailing Address: New Mailing Address:

300 NORTH LAKE DESTINY ROAD MAITLAND, FL 32751

FEI Number: 20-4661088 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: Name and Address of New Registered Agent:

ALICIA, TULLO 300 NORTH LAKE DESTINY ROAD MAITLAND, FL 32751 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: ALICIA TULLO

Electronic Signature of Registered Agent Date

Title:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete

(X) Change () Addition TULLO, ALICIA Name: Name: TULLO, ALICIA Address: 1640 CHERRY RIDGE DRIVE Address: 1640 CHERRY RIDGE DRIVE City-St-Zip: HEATHROW, FL 32746 US City-St-Zip: HEATHROW, FL 32746 US

Title: MGR () Delete Title: () Change () Addition

Name: TULLO, RALPH Name: Address: 1640 CHERRY RIDGE DRIVE Address: City-St-Zip: HEATHROW, FL 32746 US 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: ALICIA TULLO **PRES** 10/29/2007