

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000059133

FILED
Nov 12, 2008
Secretary of State

Entity Name: OASIS MEDICAL SPA, L.L.C.

Current Principal Place of Business:

2475 NW 95 AVE
STE 6
DORAL, FL 33172

New Principal Place of Business:

3510 CORAL WAY
MIAMI, FL 33145

Current Mailing Address:

2475 NW 95 AVE
STE 6
DORAL, FL 33172

New Mailing Address:

1301 NE MIAMI GARDENS DR.
#1701W
MIAMI, FL 33179

FEI Number: 02-0781767 **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:

BENDER, HARRY K
C/O BENDER, BENDER & CHANDLER, P.A.
5915 PONCE DE LEON BLVD., SUITE 60
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

BENDER, HARRY K
IRIS PADRON
1301 NE MIAMI GARDENS DR. #1701W
MIAMI, FL 33179 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: IRISPADRON

11/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PADRON, IRIS
Address: 5915 PONCE DE LEON BLVD., SUITE 60
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PADRON, IRIS
Address: 1301 NE MIAMI GARDENS DR., #1701W
City-St-Zip: MIAMI, FL 33179

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: IRISPADRON

MGR

11/12/2008

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