2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 18, 2008
Secretary of State

DOCUMENT# L06000063116

Entity Name: SEMINOLE HEALTH CLUB, LLC

Current Principal Place of Business:

12555 ORANGE DR
STE 230
DAVIE, FL 33330

New Principal Place of Business:

3800 SW 142 AVE
DAVIE, FL 33330

Current Mailing Address:

12555 ORANGE DR
STE 230
DAVIE, FL 33330

New Mailing Address:

629 SOUTH STATE ROAD 7
HOLLYWOOD, FL 33023

FEI Number: 20-5094241 **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:

MATTHEW J KAHN, PA
12555 ORANGE DR.
STE 230
DAVIE, FL 33330 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: MATHEW J KAHN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TOMA, PATRICK
Address: 12555 ORANGE DR STE 230
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TOMA, PATRICK
Address: 629 SOUTH STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023

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: PATRICK TOMA MMB 11/18/2008

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