

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000022556

**FILED**  
**Oct 06, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA PAIN & WEIGHT LOSS CLINIC LLC

**Current Principal Place of Business:**

455 DOUGLAS AVENUE STE 2655  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

211 S.R 434  
LONGWOOD, FL 32750 US

**Current Mailing Address:**

455 DOUGLAS AVENUE STE 2655  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

211 S.R 434  
LONGWOOD, FL 32750 US

**FEI Number:** 20-8537358 **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:**

ABRAHIM, STANLEY  
1899 MERLOT DR.  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

ABRAHIM, STANLEY  
211 S.R 434  
LONGWOOD, FL 32750 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: STANLEY ABRAHIM

10/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ABRAHIM, STANLEY  
Address: 1899 MERLOT DR.  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: ABRAHIM, JENNIFER  
Address: 355 HICKORY SPRINGS CT.  
City-St-Zip: DEBARY, FL 32713 FL

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: ABRAHIM, STANLEY  
Address: 211 S.R 434  
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change ( ) Addition  
Name: ABRAHIM, JENNIFER  
Address: 211 S.R 434  
City-St-Zip: LONGWOOD, FL 32750 FL

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: STANLEY ABRAHIM

CEO

10/06/2008

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