2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000025170

1. Entity Name
HEISHA MEDICAL & THERAPY CENTER LLC

FILED
09 JUN 18 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9720 N. ARMENIA AVE. SUITE G TAMPA, FL 33612	9720 N. ARMENIA AVE. SUITE G TAMPA, FL 33612

06112009 REIN-LLC CR2E101 (1/07)

3. Mailing Address
4620 N. Habana Ave
Suite # 202
Tampa, FL
33614

Suite, Apt. #, etc. Same
City & State
Country
Zip
Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & ULTERA PA
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name Yaima Thaureaux

Street Address (P.O. Box Number is Not Acceptable)
4620 N. Habana Ave # 202

City Tampa FL Zip Code 33614

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 6/12/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRT PEREZ, LEONARDO 1514 WEST CLINTON STREET TAMPA, FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100157434601 06/19/09--01005--014 **277.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REINA, HEIDY 1514 WEST CLINTON STREET TAMPA, FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CRESPO, OSMANI 1514 WEST CLINTON STREET TAMPA, FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. HAWKES	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AGOSTO, SARAH 1514 WEST CLINTON STREET TAMPA, FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUN 19 2009 EXAMINER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEREZ, LEONARDO 1514 WEST CLINTON STREET TAMPA, FL 33604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2008-09	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Yaima Thaureaux 4620 N. Habana Ave Suite 202 Tampa, FL 33614	☐ Change ☒ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions con[illegible] certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effec[illegible] member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required b[illegible]

SIGNATURE: _____ 6/11/09 (786) 370 9527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #