2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L07000065268

Entity Name: WELLNESS MEDICAL CENTER RE LLC

Current Principal Place of Business:

192 S FLAMINGO ROAD
PEMBROKE PINES, FL 33027

New Principal Place of Business:

12741 MIRAMAR PARKWAY
BUILDING #2 SUITE 104
MIRAMAR, FL 33027

Current Mailing Address:

192 S FLAMINGO ROAD
PEMBROKE PINES, FL 33027

New Mailing Address:

12741 MIRAMAR PARKWAY
BUILDING #2 SUITE 104
MIRAMAR, FL 33027

FEI Number: 33-1171855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ERAZO, PATRICIA
192 S FLAMINGO ROAD
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

ERAZO, PATRICIA
12741 MIRAMAR PARKWAY
BUILDING #2 SUITE 104
MIRAMAR, FL 33027 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: PATRICIA ERAZO 03/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ERAZO, PATRICIA
Address: 192 S FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ERAZO, PATRICIA
Address: 12741 MIRAMAR PARKWAY- BLD#2 SUITE 104
City-St-Zip: BUILDING #2 SUITE 104, FL 33027

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: PATRICIA ERAZO P 03/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date