2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000085130

Entity Name: FOUNTAIN OF HEALTH LLC

Current Principal Place of Business:

660 GLADES ROAD
SUITE 460
BOCA RATON, FL 33431

New Principal Place of Business:

350 NW 84TH AVENUE
SUITE 206
PLANTATION, FL 33324

Current Mailing Address:

660 GLADES ROAD
SUITE 460
BOCA RATON, FL 33431

New Mailing Address:

350 NW 84TH AVENUE
SUITE 206
PLANTATION, FL 33324

FEI Number: 26-1075836 **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:

HORNBERGER, JOHN E
6419 PARK LAKE CIRCLE
BOYNTON BEACH, FL 33437 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: JOHN E HORNBERGER

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	PURITA, JOSEPH R	
Address:	660 GLADES ROAD, #460	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGRM	( ) Delete
Name:	LAZAR, ALAN M	
Address:	350 NW 84 AVENUE #206	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	HORNBERGER, JOHN E	
Address:	6419 PARK LAKE CIRCLE	
City-St-Zip:	BOYNTON BEACH, FL 33437	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ALAN M. LAZAR MGRM 04/30/2009

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