

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000086648

**FILED**  
**Nov 29, 2010**  
**Secretary of State**

**Entity Name:** BAKER WELLNESS CENTER LLC

**Current Principal Place of Business:**

701 SOUTH HOWARD AVE  
SUITE 106-301  
TAMPA, FL 336062473

**New Principal Place of Business:**

5105 BOWDEN ROAD  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

701 SOUTH HOWARD AVE  
SUITE 106-301  
TAMPA, FL 336062473

**New Mailing Address:**

405 OCEAN GROVE CIRCLE  
ST AUGUSTINE, FL 32080

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

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

LA MANNA, JAMES M  
6416 28TH AVENUE EAST  
BRADENTON, FL 34208    US

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

BAKER, LAURA J M.D.  
405 OCEAN GROVE CIRCLE  
ST AUGUSTINE, FL 32080    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: LAURA JUNE BAKER, MD

11/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      OWNR  
Name:                     BAKER, LAURA J MD.  
Address:                  405 OCEAN GROVE CIRCLE  
City-St-Zip:             ST AUGUSTINE, FL 32080

I hereby 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: LAURA JUNE BAKER, MD

PRES

11/29/2010

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