

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000095503

Entity Name: M.D. LIFESTYLES LLC

FILED
Oct 15, 2009
Secretary of State

Current Principal Place of Business:

1726 MEDICAL BLVD
SUITE 101
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1726 MEDICAL BLVD
SUITE 101
NAPLES, FL 34110

New Mailing Address:

FEI Number: 01-0811700 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:

Name and Address of New Registered Agent:

INTEGRATED PHYSICIAN SERVICES
1726 MEDICAL BLVD
SUITE 101
NAPLES, FL 34110 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: MICHAEL T DENT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INTEGRATED PHYSICIAN SERVICES
Address: 1726 MEDICAL BLVD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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: MICHAEL T DENT

MGR

10/15/2009

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