

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000104977

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: VIP HEALTH, PLLC

## Current Principal Place of Business:

1617 CHATFIELD PL  
ORLANDO, FL 32814 US

## New Principal Place of Business:

7380 SANDLAKE ROAD  
SUITE 500  
ORLANDO, FL 32819 US

## Current Mailing Address:

1617 CHATFIELD PL  
ORLANDO, FL 32814 US

## New Mailing Address:

P.O.BOX 470358  
CELEBRATION, FL 34747 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

ACKLEY, CHRISTINE K MANAGER  
410 CELEBRATION PLACE SUITE 306  
CELEBRATION, FL 34747 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: CHRISTINE ACKLEY

02/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ALABI, FORTUNE  
Address: 1617 CHATFIELD PL  
City-St-Zip: ORLANDO, FL 32814 US

Title: MGRM ( ) Delete  
Name: UMEH, FRED  
Address: 1617 CHATFIELD PL  
City-St-Zip: ORLANDO, FL 32814 US

Title: MGRM ( ) Delete  
Name: AFOLABI, DAPO  
Address: 2600 SUMMIT RIDGE  
City-St-Zip: SOUTH LAKE, TX 76092 US

## 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: FORTUNE ALABI

CEO

02/09/2009

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