2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# L07000107348

Entity Name: MEDICAL MASSAGE CENTER, LLC

Current Principal Place of Business:

150 N. ORANGE AVE
SUITE 402
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

150 N. ORANGE AVE
SUITE 402
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 38-3770776 **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:

OTERO, MAGALY
7844 ELMSTONE CIRCLE
ORLANDO, FL 32822 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: MAGALY OTERO

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VOLPER, MARC
Address: 150 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Delete
Name: OTERO, MAGALY
Address: 7844 ELMSTONE CIRCLE
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

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: MAGALY OTERO MGRM 10/12/2009

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