

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000091881

**FILED**  
**Sep 30, 2009**  
**Secretary of State**

**Entity Name:** REMENTIS HEALTH GROUP LLC

**Current Principal Place of Business:**

3600 PRESERVE LANE  
DESTIN, FL 32550 US

**New Principal Place of Business:**

141 MACK BAYOU LOOP  
SUITE 201  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

3600 PRESERVE LANE  
DESTIN, FL 32550 US

**New Mailing Address:**

141 MACK BAYOU LOOP  
SUITE 201  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 80-0274615      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
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:**

BARONE, STEVE  
3600 PRESERVE LANE  
DESTIN, FL 32550 US

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

BARONE, STEVE  
141 MACK BAYOU LOOP  
SUITE 201  
SANTA ROSA BEACH, FL 32459 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: STEVE BARONE

09/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARONE, STEVE  
Address: 3600 PRESERVE LANE  
City-St-Zip: DESTIN, FL 32550 US

**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: STEVE BARONE

PRES

09/30/2009

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