

**2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 30, 2011  
Secretary of State**

DOCUMENT# L09000059116

**Entity Name:** PROGRESSIVE WEIGHT LOSS, PLLC

**Current Principal Place of Business:**

6072 DOCTOR'S PARK ROAD  
MILTON, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

6072 DOCTOR'S PARK ROAD  
MILTON, FL 32571

**New Mailing Address:**

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

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

COYLE, MICHAEL J  
6072 DOCTOR'S PARK ROAD  
MILTON, FL 32571    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: MICHAEL J COYLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COYLE, MICHAEL J  
Address: 6072 DOCTOR'S PARK ROAD  
City-St-Zip: MILTON, FL 32571

Title: MGR  
Name: COYLE, LAURA  
Address: 6072 DOCTOR'S PARK ROAD  
City-St-Zip: MILTON, FL 32571

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: MICHAEL J COYLE

MGR

11/30/2011

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