

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000068550

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED MUSCLE THERAPY, LLC

**Current Principal Place of Business:**

961687 GATEWAY BLVD, SUITE 201C  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

961687 GATEWAY BLVD,  
SUITE 101H  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

961687 GATEWAY BLVD, SUITE 201C  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

961687 GATEWAY BLVD,  
SUITE 101H  
FERNANDINA BEACH, FL 32034

**FEI Number:** 37-1586792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OGILVIE, LARRY M  
961687 GATEWAY BLVD, SUITE 201C  
FERNANDINA BEACH, FL 32034 US

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

OGILVIE, LARRY M  
961687 GATEWAY BLVD,  
SUITE 101H  
FERNANDINA BEACH, FL 32034 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: LARRY M. OGILVIE

09/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OGILVIE, LARRY M  
Address: 961687 GATEWAY BLVD, SUITE 101H  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: LARRY M. OGILVIE

MGR

09/29/2010

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