

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000042816

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** HOLISTIC CONCEPTS HEALTH & WELLNESS CENTER LLC

**Current Principal Place of Business:**

2727 W DR MARTIN LUTHER KING BLVD  
700  
TAMPA, FL 33609 US

**New Principal Place of Business:**

16409 DUNLINDALE DRIVE  
LITHIA, FL 33547 US

**Current Mailing Address:**

2727 W DR MARTIN LUTHER KING BLVD  
700  
TAMPA, FL 33609 US

**New Mailing Address:**

16409 DUNLINDALE DRIVE  
LITHIA, FL 33547 US

**FEI Number:** 27-2979841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENRY, ARTHUR L  
2727 W DR MARTIN LUTHER KING BLVD  
700  
TAMPA, FL 33609 US

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

WILLIAMS, ARTHUR L II, MD  
16409 DUNLINDALE DRIVE  
LITHIA, FL 33547 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: ARTHUR L. WILLIAMS, II, MD

03/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, VANESSA L  
Address: 16409 DUNLINDALE DRIVE  
City-St-Zip: LITHIA, FL 33547 US

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: VANESSA L. WILLIAMS

MGRM

03/28/2012

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