

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000010505

FILED
Dec 14, 2012
Secretary of State

Entity Name: ONENESS MEDICAL HOLISTIC CENTER,LLC

Current Principal Place of Business:

1881 WEST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5913
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 35-2414393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOUZE, FRANK
6514 SW 8TH PLACE
NORTH LAUDERDALE, FL 33068 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: FRANK DOUZE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DOUZE, HENRI C
Address: 1881 WEST OAKLAND PARK BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: MGRM
Name: DOUZE, FRANK
Address: 6514 SW 8TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: MGRM
Name: PIERRE, MIROSE
Address: 6514 SW 8TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: FRANK DOUZE

MGR

12/14/2012

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