

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000041122

**FILED**  
**Oct 07, 2012**  
**Secretary of State**

**Entity Name:** ALLIED METABOLIC WELLNESS AND RESEARCH CENTER, LLC

**Current Principal Place of Business:**

13900 JOG RD #203-189  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

13900 JOG RD #203-189  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 45-1498468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OSPINA, ARIADNA DR,PH.D  
13900 JOG RD #203-189  
DELRAY BEACH, FL 33446 US

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

OSPINA, ARIADNA DR,PH.D  
13900 JOG RD #203-189  
DELRAY BEACH, FL 33446 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: ARIADNA OSPINA

10/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OSPINA, ARIADNA  
Address: 13900 JOG RD #203-189  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM  
Name: DANDES, MICHAEL  
Address: 13900 JOG RD #203-189  
City-St-Zip: DELRAY BEACH, FL 33446

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: ARIADNA OSPINA

MGR

10/07/2012

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