

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000068647

FILED
Mar 07, 2013
Secretary of State

Entity Name: GARDENS PT-OT CENTER, LLC

Current Principal Place of Business:

4383 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4383 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 45-2516013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
525 OKEECHOBEE BLVD.
SUITE 1100 (JAF)
WEST PALM BEACH, FL 33401 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: RA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GARDENS HEALTH & WELLNESS, INC.
Address: 4383 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP
Name: FARBER, JEFFREY MD
Address: 4383 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP
Name: CALALANG, ANGELA MSPT
Address: 4383 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: PHILIP SCUDERI

MM

03/07/2013

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