

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000007999

FILED
Oct 10, 2013
Secretary of State

Entity Name: PHYSICIANS CENTER FOR WEIGHT LOSS AND AGE MANAGEMENT, LLC

Current Principal Place of Business:

232 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS,, FL 33770

New Principal Place of Business:

232 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS,, FL 33770 US

Current Mailing Address:

1612 INDIAN ROCKS ROAD
BELLEAIR, FL 33756

New Mailing Address:

232 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS,, FL 33770 US

FEI Number: 45-4287662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, AGNES P M.D.
1612 INDIAN ROCKS ROAD
BELLEAIR, FL 33756 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: AGNES GREEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GREEN, AGNES P
Address: 1612 INDIAN ROCKS ROAD
City-St-Zip: BELLEAIR, FL 33756

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: AGNES GREEN

MGRM

10/10/2013

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