

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000002689

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** MEDICAL WEIGHT-LOSS SOLUTIONS, LLC

**Current Principal Place of Business:**

101 S. ROBERTSON BLVD.  
STE. 210  
LOS ANGELES, CA 90048

**New Principal Place of Business:**

**Current Mailing Address:**

101 S. ROBERTSON BLVD.  
STE. 210  
LOS ANGELES, CA 90048

**New Mailing Address:**

**FEI Number:** 20-3298080      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331      US

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

REGUS GROUP, LLC  
2202. N WESTSHORE BLVD., ST 200  
TAMPA, FL 33607      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: JOSIE MIRANDA

10/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MEDISPA HOLDINGS, LLC  
Address: 9663 SANTA MONICA BLVD. STE. 149  
City-St-Zip: BEVERLY HILLS, CA 90210

Title: MGR      ( ) Delete  
Name: J.D. PARTNERS, LLC  
Address: 2801 S. MACDILL AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: SECT      (X) Delete  
Name: ELLIS, TRE L  
Address: 101 S. ROBERTSON BLVD. STE. 210  
City-St-Zip: LOS ANGELES, CA 90048

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALEX HERN

MGRM

10/15/2009

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