

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000002689

**FILED**  
**Apr 28, 2011**  
**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 ( )**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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: ALEX HERN

MGRM

04/28/2011

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