

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005340

Entity Name: RESTORATION MEDICINE, LLC

Current Principal Place of Business:

346 3RD AVENUE
INDIALANTIC, FL 32902

Current Mailing Address:

346 3RD AVE
INDIALANTIC, FL 32902 US

FEI Number: 20-8770011

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANCE, MAKI
346 3RD AVE
INDIALANTIC, FL 32902 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: LANCE MAKI

02/01/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MAKI, LANCE A DR.
Address 346 3RD AVE
City-State-Zip: INDIALANTIC FL 32902

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LANCE MAKI

PRES

02/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date