

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005340

**Entity Name:** RESTORATION MEDICINE, LLC

**Current Principal Place of Business:**

1195 COLBY LN  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

1195 COLBY LN  
MERRITT ISLAND, FL 32952 US

**FEI Number:** 20-8770011

**Certificate of Status Desired:** No

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

LANCE, MAKI  
1195 COLBY LN  
MERRITT ISLAND, FL 32952 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

01/09/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MAKI, LANCE A DR.  
Address 1195 COLBY LN  
City-State-Zip: MERRITT ISLAND FL 32952

*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

**PRESIDENT**

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date