

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000173907

**FILED  
Dec 03, 2018  
Secretary of State  
CR6072513169**

**Entity Name:** THE HORMONE RESTORATION CENTER LLC

**Current Principal Place of Business:**

12889 HWY 98 WEST  
SUITE 107B  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

139 RHODES COVE  
SRB, FL 32459

**FEI Number:** 47-4135963

**Certificate of Status Desired:** No

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

CHERN, RICHARD P  
139 RHODES COVE  
SRB, FL 32459 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:** RICHARD CHERN MD LLC

12/03/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	CHERN, RICHARD	Name	MONTI, AMANDA
Address	139 RHODES COVE	Address	139 RHODES COVE
City-State-Zip:	SRB FL 32459	City-State-Zip:	SRB FL 32459

*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:** RICHARD P. CHERN

**OWNER**

12/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date