

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000032169

Entity Name: RESTORATION MEDICAL SPECIALISTS, LLC

Current Principal Place of Business:

2649 NE 26 AVENUE
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

2649 NE 26 AVENUE
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 82-0808440

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINKOE, STEPHEN M
2649 NE 26 AVENUE
LIGHTHOUSE POINT, FL 33064 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP
Name SINKOE, STEPHEN M
Address 2649 NE 26 AVENUE
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title MGR
Name WINDRAM, WARREN
Address 600 S DIXIE HWY
SUITE 210
City-State-Zip: BOCA RATON FL 33432

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: STEPHEN M. SINKOE

AP

04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date