

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000032169

**Entity Name:** RESTORATION MEDICAL SPECIALISTS, LLC

**Current Principal Place of Business:**

600 S DIXIE HWY  
SUITE 210  
BOCA RATON, FL 33432

**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	Title	MGR
Name	SINKOE, STEPHEN M	Name	WINDRAM, WARREN
Address	2649 NE 26 AVENUE	Address	600 S DIXIE HWY SUITE 210
City-State-Zip:	LIGHTHOUSE POINT FL 33064	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

06/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date