

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 DEC -6 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000016207

1. Entity Name
BUCHBINDER DERMATOLOGY, L.L.C.



Principal Place of Business
1880A WEST HILLSBORO BOULEVARD, SUITE 310
DEERFIELD BEACH, FL 33441

Mailing Address
1880A WEST HILLSBORO BOULEVARD, SUITE 310
DEERFIELD BEACH, FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202004 REIN-LLC CR2E101 (6/04)

4. FEI Number

90-0167958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEROW, JEFFREY.S.
4800 N. FEDERAL HIGHWAY, SUITE 307B
BOCA RATON, FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/2/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BUCHBINDER, CHARLES
1880A WEST HILLSBORO BOULEVARD, SUITE 310
DEERFIELD BEACH, FL 33441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000042316150
10/29/04--01058--002 **150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BUCHBINDER, LIGAYA
1880A WEST HILLSBORO BOULEVARD, SUITE 310
DEERFIELD BEACH, FL 33441

☐ Delete

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/26/04 561-391-7204