

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000008625

**FILED**  
**Sep 10, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED THERAPEUTICS LASER, L.L.C.

**Current Principal Place of Business:**

2800 W. 84 STREET  
# 11  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

10175 COLLINS AVE  
SUITE 808  
BAL HARBOUR, FL 33154 US

**Current Mailing Address:**

2800 W. 84 STREET  
# 11  
HIALEAH, FL 33016 US

**New Mailing Address:**

10175 COLLINS AVE  
SUITE 808  
BAL HARBOUR, FL 33154 US

**FEI Number:** 30-0287449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERRE, HIRAM  
10175 COLLINS AVENUE STE 808  
BAL HARBOUR, FL 33154 US

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

PIERRE, HIRAM  
10175 COLLINS AVENUE  
SUITE 808  
BAL HARBOUR, FL 33154 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: HIRAM PIERRE

09/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PIERRE, YOLA  
Address: 10175 COLLINS AVE SUITE 808  
City-St-Zip: BAL HARBOUR, FL 33154 US

Title: MGRM  
Name: FRANK, PIERRE  
Address: 10175 COLLINS AVE SUITE 808  
City-St-Zip: BAL HARBOUR, FL 33154

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HIRAM PIERRE

RA

09/10/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date