

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005340

FILED
Apr 18, 2011
Secretary of State

Entity Name: RESTORATION MEDICINE, LLC

Current Principal Place of Business:

190 S. SYKES CREEK PKWY.
SUITE 3
MERRITT ISLAND, FL 329523572 US

New Principal Place of Business:

Current Mailing Address:

190 S. SYKES CREEK PKWY.
SUITE 3
MERRITT ISLAND, FL 329523572 US

New Mailing Address:

FEI Number: 20-8770011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAKI, LANCE A
190 S. SYKES CREEK PKWY.
SUITE 3
MERRITT ISLAND, FL 329523572 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: MAKI, LANCE A
Address: 190 S. SYKES CREEK PKWY., SUITE 3
City-St-Zip: MERRITT ISLAND, FL 329523572 US

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: LANCE A. MAKI

PRES

04/18/2011

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