

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000041937

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** JAMES E. HARDY, MD PLASTIC SURGERY, LLC

**Current Principal Place of Business:**

11512 LAKE MEAD AVENUE, STE. 605  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

11512 LAKE MEAD AVENUE, STE. 605  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 26-2520306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARDY, JAMES E  
11512 LAKE MEAD AVENUE, STE. 605  
JACKSONVILLE, FL 32256 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:** JAMES E HARDY MD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** LLC  
**Name:** GONZALEZ, DEBORAH  
**Address:** 11512 LAKE MEAD AVE STE 605  
**City-St-Zip:** JACKSONVILLE, FL 32256

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:** DEBORAH GONZALEZ

MANA

10/02/2012

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