

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000048812

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** DERMA LASER CENTER, L.L.C.

**Current Principal Place of Business:**

3800 S. OCEAN DRIVE  
218  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

3800 S. OCEAN DRIVE  
218  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 34-3476711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEHATA, NADER DR.  
3800 S. OCEAN DRIVE  
218  
HOLLYWOOD, FL 33019 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:** MINA HAROUN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SHEHATA, NADER DR.  
**Address:** 3800 S. OCEAN DRIVE  
**City-St-Zip:** HOLLYWOOD, FL 33019

**Title:** MGRM  
**Name:** HAROUN, MINA  
**Address:** 3800 S. OCEAN DRIVE  
**City-St-Zip:** HOLLYWOOD, FL 33019

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:** MINA HAROUN

MGR

08/28/2012

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