

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000061331

FILED
Oct 09, 2009
Secretary of State

Entity Name: BAYSIDE CENTER FOR PLASTIC AND RECONSTRUCTIVE SURGERY PL

Current Principal Place of Business:

3743 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

3743 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 26-3020764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROACH, JOHN B
3743 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652 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: JOHN B ROACH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PSTD () Delete
Name: ROACH, JOHN B
Address: 3743 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN B ROACH

PSTD

10/09/2009

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