

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000061331

**FILED**  
**Feb 09, 2012**  
**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:**

14100 FIVAY ROAD SUITE 130  
HUDSON, FL 34667 US

**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 ( )

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

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

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

ROACH, JOHN B  
14100 FIVAY ROAD SUITE 130  
HUDSON, FL 34667 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

02/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

PSTD

02/09/2012

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