

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000067784

**FILED**  
**Nov 09, 2009**  
**Secretary of State**

**Entity Name:** NEXT GENERATION SURGICAL PRODUCTS, LLC

**Current Principal Place of Business:**

911 EAST ATLANTIC BLVD  
SUITE 210  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

911 EAST ATLANTIC BLVD  
SUITE 210  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

GELBARD, STEVEN  
911 EAST ATLANTIC BLVD  
SUITE 210  
POMPANO BEACH, FL 33060 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: STEVEN GELBARD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: GELBARD, STEVEN  
Address: 911 EAST ATLANTIC BLVD SUITE 210  
City-St-Zip: POMPANO BEACH, FL 33060 US

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: STEVEN GELBARD

MGRM

11/09/2009

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