

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000002819

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Entity Name:** BREATHING DISORDER CENTERS, LLC

**Current Principal Place of Business:**

4849 LAKE WORTH ROAD  
GREEN ACRES, FL 33463

**New Principal Place of Business:**

4849 LAKE WORTH ROAD  
2ND FLOOR  
GREEN ACRES, FL 33463

**Current Mailing Address:**

4849 LAKE WORTH ROAD  
GREEN ACRES, FL 33463

**New Mailing Address:**

4849 LAKE WORTH ROAD  
2ND FLOOR  
GREEN ACRES, FL 33463

**FEI Number:** 26-4016868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LASSIERE, JEAN CLAUDE MD  
1131 SAN MICHELE WAY  
PALM BEACH GARDENS, FL 33418 US

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

LABISSIERE, JEAN CLAUDE MD  
9195 COLLINS AVENUE  
SURFSIDE, FL 33454 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: JEAN CLAUDE LABISSIERE, MD

10/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** LABISSIERE, JEAN CLAUDE MD

**Address:** 4849 LAKE WORTH ROAD

**City-St-Zip:** GREEN ACRES, FL 33463

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: JEAN CLAUDE LABISSIERE

MGRM

10/15/2010

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