

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000126178

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Entity Name:** FLORIDA COSMETOGYNECOLOGY, PLLC

**Current Principal Place of Business:**

2828 S SEACREST BLVD, SUITE 213  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2828 S SEACREST BLVD, SUITE 213  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEROLD DRESKIN & CO PA  
430 S CONGRESS AVE STE 1B  
DELRAY BEACH, FL 33445 US

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

JOEL BORGELLA  
2828 S SEACREST BLVD  
SUITE 213  
BOYNTON BEACH, FL 33435 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: JOEL BORGELLA

09/30/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: BORGELLA, JOEL

Address: 2828 S SEACREST BLVD, SUITE 213

City-St-Zip: BOYNTON BEACH, FL 33435

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: JOEL BORGELLA

MGRM

09/30/2013

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