2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001380

Entity Name: RESTORE THERAPIES, LLC

FILED Jan 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18914 GERACI ROAD 2700 W MARTIN LUTHER KING BLVD LUTZ, FL 33548

SUITE 260

TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

2700 W MARTIN LUTHER KING BLVD 18914 GERACI ROAD

LUTZ, FL 33548 SUITE 260

TAMPA, FL 33607

FEI Number: 59-3486855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WANG, LOUIS WANG, LOUIS 18914 GERACI ROAD 12313 GLENFIELD AVE

LUTZ, FL 33548 TAMPA, FL 33626

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: LOUIS WANG 01/26/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition

LOGES, ARMIN Name: Name: LOGES, ARMIN Address: 10214 VISTA POINTE Address: 10506 CRANLEIGH COURT City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: WANG, LOUIS H Name: WANG, LOUIS

Address: 18914 GERACI ROAD Address: 12313 GLENFIELD AVE City-St-Zip: LUTZ, FL 33548 City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUIS WANG **MGRM** 01/26/2005