

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001380

FILED
Jan 31, 2011
Secretary of State

Entity Name: RESTORE THERAPIES, LLC

Current Principal Place of Business:

2700 W MARTIN LUTHER KING BLVD
SUITE 260
TAMPA, FL 33607

New Principal Place of Business:

6911 PISTOL RANGE ROAD
SUITE 103A
TAMPA, FL 33635

Current Mailing Address:

2700 W MARTIN LUTHER KING BLVD
SUITE 260
TAMPA, FL 33607

New Mailing Address:

6911 PISTOL RANGE ROAD
SUITE 103A
TAMPA, FL 33635

FEI Number: 59-3486855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANG, LOUIS
12313 GLENFIELD AVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

LOGES, ARMIN
10506 CRANLEIGH COURT
TAMPA, FL 33626 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: ARMIN LOGES

01/31/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LOGES, ARMIN
Address: 10506 CRANLEIGH COURT
City-St-Zip: TAMPA, FL 33626

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: ARMIN LOGES

MGRM

01/31/2011

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