

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000001380

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** RESTORE THERAPIES, LLC

**Current Principal Place of Business:**

6911 PISTOL RANGE ROAD  
SUITE 103A  
TAMPA, FL 33635

**New Principal Place of Business:**

**Current Mailing Address:**

6911 PISTOL RANGE ROAD  
SUITE 103A  
TAMPA, FL 33635

**New Mailing Address:**

**FEI Number:** 59-3486855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOGES, ARMIN  
10506 CRANLEIGH COURT  
TAMPA, FL 33626 US

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

LOGES, ARMIN  
6911 PISTOL RANGE ROAD  
103A  
TAMPA, FL 33635 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/10/2012

\_\_\_\_\_  
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

04/10/2012

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