

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000003188

FILED
Oct 29, 2008
Secretary of State

Entity Name: SKIN LASER AND SURGERY SPECIALISTS OF NEW YORK AND NEW JERSEY, LLC

Current Principal Place of Business:

20 PROSPECT AVENUE STE 702
HACKENSACK, NJ 07601

New Principal Place of Business:

Current Mailing Address:

20 PROSPECT AVENUE STE 702
HACKENSACK, NJ 07601

New Mailing Address:

FEI Number: 22-3646458 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOLDBERG, DAVID J MD
4800 NORTH FEDERAL HIGHWAY STE C-101
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

GOLDBERG, DAVID J MD
4800 NORTH FEDERAL HIGHWAY STE C-100
BOCA RATON, FL 33431 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: DR. DAVID J. GOLDBERG

10/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDBERG, DAVID J MD
Address: 20 PROSPECT AVENUE STE 702
City-St-Zip: HACKENSACK, NJ 07601

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID J GOLDBERG

DR.

10/29/2008

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