

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M11000006245

FILED
Dec 07, 2012
Secretary of State

Entity Name: SENSUS HEALTHCARE, LLC

Current Principal Place of Business:

851 BROKEN SOUND PARKWAY N.W., #215
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

851 BROKEN SOUND PARKWAY N.W., #215
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 27-1647271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, STEPHEN CPA
851 BROKEN SOUND PARKWAY N.W., #215
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: STEPHEN ARNOLD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SARDANO, JOSEPH C
Address: 851 BROKEN SOUND PARKWAY N.W., #215
City-St-Zip: BOCA RATON, FL 33487

Title: MGR
Name: STANSBERRY, DON JR.
Address: 851 BROKEN SOUND PARKWAY N.W., #215
City-St-Zip: BOCA RATON, FL 33487

Title: MGR
Name: O'REAR, SAMUEL
Address: 851 BROKEN SOUND PARKWAY N.W., #215
City-St-Zip: BOCA RATON, FL 33487

Title: MGR
Name: HEINRICH, JOHN
Address: 851 BROKEN SOUND PARKWAY N.W., #215
City-St-Zip: BOCA RATON, FL 33487

Title: MGR
Name: CHERNEY, MARK GORDON
Address: 851 BROKEN SOUND PARKWAY N.W., #215
City-St-Zip: BOCA RATON, FL 33487

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: JOSEPH C. SARDANO

MGR

12/07/2012

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