

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000085653

**Entity Name:** EPITHELIAL RECONSTRUCTION, LLC

**Current Principal Place of Business:**

6619 CANTON ST S  
ST PETERSBURG, FL 33712

**Current Mailing Address:**

PO BOX 66286  
ST PETE BEACH, FL 33736-6286 US

**FEI Number:** 84-4571192

**Certificate of Status Desired:** No

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

BOWMAN, JOHN N  
3950 3RD ST N  
ST PETERSBURG, FL 33703 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PHARES, RICHARD E  
Address PO BOX 66286  
City-State-Zip: ST PETE BEACH FL 33736-6286

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD E. PHARES, M.D.

MGRM

01/30/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date