

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000102933

**Entity Name:** JEFFREY J. GIBSON, M.D. PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC0270249226**

**Current Principal Place of Business:**

3661 SOUTH MIAMI AVENUE  
403  
MIAMI, FL 33133

**Current Mailing Address:**

3661 SOUTH MIAMI AVENUE  
403  
MIAMI, FL 33133

**FEI Number: 20-0235451**

**Certificate of Status Desired: No**

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

JEFFREY J. GIBSON, M.,D.  
3661 SOUTH MIAMI AVENUE  
403  
MIAMI, FL 33133 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

**Officer/Director Detail :**

Title P  
Name GIBSON, JEFFREY J  
Address 3661 SOUTH MIAMI AVE, # 403  
City-State-Zip: MIAMI FL 33133

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: JEFFREY J GIBSON MD**

**PRESIDENT**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date