## 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

Electronic Signature of Signing Officer/Director Detail

# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P03000102933

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

# **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

### 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:

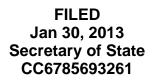
Electronic Signature of Registered Agent

#### Officer/Director Detail :

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

Certificate of Status Desired: No

PRESIDENT



Date