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.

MGR

SIGNATURE: RICHARD CASHIO M.D.

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000049961

Entity Name: RICHARD CASHIO M.D. PLASTIC SURGERY, P.L.

Current Principal Place of Business:

61 MEMORIAL MEDICAL PKWAY **SUITE 2802** PALM COAST, FL 32164

Current Mailing Address:

61 MEMORIAL MEDICAL PKWY **SUITE 2802** PALM COAST, FL 32164 US

FEI Number: 46-5203973

Name and Address of Current Registered Agent:

CASHIO JR, RICHARD MD 143 ISLAND ESTATES PKWY PALM COAST, FL 32137 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 | : RICHARD CASHIO JR MD | | | 02/13/2018 |
|-------------------------------|--|-----------------|--|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGR | Title | MGR | |
| Name | CASHIO, RICHARD M.D. | Name | HOLLINS, KIMBERLY | |
| Address | 143 ISLAND ESTATES PARKWAY | Address | 61 MEMORIAL MEDICAL PKWY SUITE 2802 | (|
| City-State-Zip: | PALM COAST FL 32137 | City-State-Zip: | PALM COAST FL 32164 | |

Certificate of Status Desired: No

02/13/2018

FILED Feb 13, 2018 Secretary of State CC7639851103

Date