

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000049961

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

**Current Principal Place of Business:**

143 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

**Current Mailing Address:**

143 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137 US

**FEI Number:** 46-5203973

**Certificate of Status Desired:** Yes

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

HELLER, KIM F  
356 WILLIAMS AVENUE  
DAYTONA BEACH, FL 32118 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            MMBR  
Name            CASHIO, RICHARD M.D.  
Address        143 ISLAND ESTATES PARKWAY  
City-State-Zip: PALM COAST FL 32137

*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 CASHIO

MMBR

03/10/2015

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

\_\_\_\_\_  
Date