

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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:**

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

**FEI Number:** 46-5203973

**Certificate of Status Desired:** No

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

HOLLINS, KIMBERLY  
61 MEMORIAL MEDICAL PKWY  
SUITE 2802  
PALM COAST, FL 32164 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:** KIMBERLY HOLLINS

11/04/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CASHIO, RICHARD M.D.  
Address 143 ISLAND ESTATES PARKWAY  
City-State-Zip: PALM COAST FL 32137

Title MGR  
Name HOLLINS, KIMBERLY  
Address 61 MEMORIAL MEDICAL PKWY  
SUITE 2802  
City-State-Zip: PALM COAST FL 32164

*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:** KIMBERLY HOLLINS

MGR

11/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date