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.

OWNER

SIGNATURE: JEFFREY E BALAZSY

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L17000195419

Entity Name: COASTAL TRAUMA AND RECONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

1275 WINTERBERRY DRIVE MARCO ISLAND. FL 34145

Current Mailing Address:

1275 WINTERBERRY DRIVE MARCO ISLAND. FL 34145 US

FEI Number: 82-3232472

Name and Address of Current Registered Agent:

BALAZSY, JEFFREY 151 N NOB HILL RD SUITE 311 PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title	MGR
Name	BALAZSY, JEFFREY
Address	1275 WINTERBERRY DRIVE
City-State-Zip:	MARCO ISLAND FL 34145

Certificate of Status Desired: No

Date

07/20/2018 Date

FILED Jul 20, 2018 Secretary of State CC1544467205

Electronic Signature of Signing Authorized Person(s) Detail