

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000207075

Entity Name: COASTAL ORAL AND FACIAL SURGERY, PLLC

Current Principal Place of Business:

10028 WATERMARK LANE WEST
JACKSONVILLE, FL 32256

Current Mailing Address:

10028 WATERMARK LANE WEST
JACKSONVILLE, FL 32256 US

FEI Number: 85-2144847

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DDS, CAMRON FAKHAR
10028 WATERMARK LANE WEST
JACKSONVILLE, FL 32256 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: CAMRON FAKHAR, DDS, MD

09/27/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FAKHAR, CAMRON
Address 10028 WATERMARK LANE WEST
City-State-Zip: JACKSONVILLE FL 32256

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: CAMRON FAKHAR, DDS, MD

MGR

09/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date