

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048900

FILED
Apr 08, 2010
Secretary of State

Entity Name: FLORIDA COASTAL PLASTIC SURGERY, P.A.

Current Principal Place of Business:

5105 W MANATEE AVENUE UNIT 18
BRADENTON, FL 34209

New Principal Place of Business:

5105 W MANATEE AVENUE UNIT 19
BRADENTON, FL 34209

Current Mailing Address:

5105 W MANATEE AVENUE UNIT 18
BRADENTON, FL 34209

New Mailing Address:

5105 W MANATEE AVENUE UNIT 19
BRADENTON, FL 34209

FEI Number: 90-0076655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMLIN, ROBIN R MD
5105 MANATEE AVE. WEST
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

HAMLIN, ROBIN R MD
5105 MANATEE AVE. WEST UNIT 19
BRADENTON, FL 34209 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: ROBIN HAMLIN MD

04/08/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR
Name: HAMLIN, ROBIN MD
Address: 5105 W MANATEE AVENUE UNIT 19
City-St-Zip: BRADENTON, FL 34209

Title: RN
Name: HAMLIN, BILLIE C
Address: 5105 MANATEE AVE. WEST UNIT 19
City-St-Zip: BRADENTON, FL 34209

Title: NA
Name: HAMLIN, JIM
Address: 5105 MANATEE AVE. WEST UNIT 19
City-St-Zip: BRADENTON, FL 34209

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN HAMLIN MD

MD

04/08/2010

Electronic Signature of Signing Officer or Director

Date