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

Electronic Signature of Signing Officer/Director Detail

FEI Number: 90-0076655

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HAMLIN, ROBIN RMD 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:

Officer/Director Detail :

Title	DR	Title	RN
Name	HAMLIN, ROBIN MD	Name	HAMLIN, BILLIE C
Address	5105 W MANATEE AVENUE UNIT 19	Address	5105 MANATEE AVE. WEST UNIT 19
City-State-Zip:	BRADENTON FL 34209	City-State-Zip:	BRADENTON FL 34209

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048900

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

Current Principal Place of Business:

5105 W MANATEE AVENUE UNIT 19 BRADENTON, FL 34209

Current Mailing Address:

5105 W MANATEE AVENUE UNIT 19 BRADENTON, FL 34209

DIRECTOR

04/06/2023

FILED Apr 06, 2023 Secretary of State 3215004221CC

Date

Certificate of Status Desired: No