

**2015 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

**FEI Number:** 90-0076655

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title NA  
Name HAMLIN, JIM  
Address 5105 MANATEE AVE. WEST UNIT 19  
City-State-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

**OWNER**

**04/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date