

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043682

Entity Name: COASTAL AESTHETIC CENTER, P.A.

Current Principal Place of Business:

301 HEALTH PARK BLVD
SUITE 109
ST. AUGUSTINE, FL 32086

Current Mailing Address:

301 HEALTH PARK BLVD
SUITE 109
ST. AUGUSTINE, FL 32086

FEI Number: 75-3238127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, KELLY M
301 HEALTH PARK BLVD
SUITE 109
ST. AUGUSTINE, FL 32086 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 PSTD
Name VU, ANH MD
Address 301 HEALTH PARK BLVD, STE 109
City-State-Zip: ST. AUGUSTINE FL 32086

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: ANH VU, MD

PRACTICE MANAGER

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date