

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000010499

**Entity Name:** FIRST COAST ORAL AND FACIAL SURGERY, PA

**Current Principal Place of Business:**

319 WEST TOWN PLACE  
SUITE 3  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

7175-01 US HIGHWAY 17 SOUTH  
FLEMING ISLAND, FL 32003

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STAKEM, THOMAS E  
7175-01 US HIGHWAY 17 SOUTH  
FLEMING ISLAND, FL 32003 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 P  
Name STAKEM, THOMAS E  
Address 7175-01 US HIGHWAY 17 SOUTH  
City-State-Zip: FLEMING ISLAND FL 32003

*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: THOMAS STAKEM

MANAGER

03/23/2018

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date