

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000047643

Entity Name: COASTAL SKIN SURGERY MANAGEMENT, LLC

Current Principal Place of Business:

2427 ROCKY SHORES DRIVE
NICEVILLE, FL 32578

Current Mailing Address:

2427 ROCKY SHORES DRIVE
NICEVILLE, FL 32578

FEI Number: 45-2540573

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W. ROMANA STREET, SUITE 800
PENSACOLA, FL 32502 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

Authorized Person(s) Detail :

Title MGR
Name ADAMS, DAVID C. M.D.
Address 2427 ROCKY SHORES DRIVE
City-State-Zip: NICEVILLE FL 32578

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID C. ADAMS, M.D.,

MANAGER

02/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date