2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2018
Secretary of State
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Entity Name: GULF COAST PLASTIC SURGERY PHYSICIANS ASSOCIATION, P.L.L.C.

Current Principal Place of Business:

543 FONTAINE STREET
SUITE A
PENSACOLA, FL 32503

Current Mailing Address:

543 FONTAINE STREET
SUITE A
PENSACOLA, FL 32503

FEI Number: 81-0853816

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEVEQUE, JOCELYN E M.D.
543 FONTAINE STREET
SUITE A
PENSACOLA, FL 32503 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: JOCELYN E LEVEQUE MD 01/12/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	LEVEQUE, JOCELYN M.D.	Name	BUTLER, PETER M.D.
Address	543 FONTAINE STREET,SUITE A	Address	543 FONTAINE STREET, SUITE A
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503

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: JOCELYN E LEVEQUE MGMR 01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date