

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000075465

**Entity Name:** EAR, NOSE & THROAT, PLASTIC SURGERY CENTER P.A.

**Current Principal Place of Business:**

6130 PRESTLEY MILL RD.  
STE. C  
DOUGLASVILLE, GA 30134

**Current Mailing Address:**

6130 PRESTLEY MILL RD.  
STE. C  
DOUGLASVILLE, GA 30134 US

**FEI Number:** 59-3622718

**Certificate of Status Desired:** Yes

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

PERSAUD, NEIL A  
8029 COVEY CIRCLE  
MOUNT DORA, FL 32757 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            CEO  
Name            HAIRSTON, JAHMAL A  
Address        6130 PRESTLEY MILL RD.  
                  STE. C  
City-State-Zip: DOUGLASVILLE GA 30134

*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:** HAIRSTON, JAHMAL

CEO

03/29/2023

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

\_\_\_\_\_ Date