

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009057

1. Entity Name

COASTAL FAMILY PRACTICE, LLC

FILED

01 APR 27 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~ONE SOUTHEAST THIRD AVENUE, SUITE 1450~~  
~~C/O MICHAEL SCHIFFRIN & ASSOCIATES, P.A.~~  
~~MIAMI FL 33131~~

~~ONE SOUTHEAST THIRD AVENUE, SUITE 1450~~  
~~C/O MICHAEL SCHIFFRIN & ASSOCIATES, P.A.~~  
~~MIAMI FL 33131~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

239 N Ridgewood Ave

239 N. Ridgewood Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

Suite 1

City & State

City & State

Edgewater FL

Edgewater FL

Zip

Country

Zip

Country

32132

USA

32132

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDETTE, PATRICIA

1984 STATE ROAD 44

NEW SMYRNA BEACH FL 32168

Name

Fredette Patricia

Street Address (P.O. Box Number is Not Acceptable)

239 N Ridgewood Ave

Suite 1

City

Edgewater

FL

Zip Code

32132

8. 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

P. Fredette

3/9/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

P. Fredette

3/9/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0032231 SP

CR2E083 (11/00)