

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000009057

1. Entity Name
COASTAL FAMILY PRACTICE, LLC



Principal Place of Business
239 N. RIDGEWOOD AVE., SUITE 1
EDGEWATER, FL 32132

Mailing Address
239 N. RIDGEWOOD AVE., SUITE 1
EDGEWATER, FL 32132



01102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3659218

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREDETTE, PATRICIA
239 N RIDGEWOOD AVE., SUITE 1
EDGEWATER, FL 32132

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FREDETTE, PATRICIA
239 N RIDGEWOOD AVE., SUITE 1
EDGEWATER, FL 32132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FISCHER-CARNE, TINA
239 N RIDGEWOOD AVE., SUITE 1
EDGEWATER, FL 32132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHANG, MARGARET
239 N RIDGEWOOD AVE., SUITE 2
EDGEWATER, FL 32132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000315474
04/19/05-80035-025 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/12/05

306-426-8166

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

Date

Daytime Phone #