

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009057

FILED
Feb 01, 2007
Secretary of State

Entity Name: COASTAL FAMILY PRACTICE, LLC

Current Principal Place of Business:

239 N. RIDGEWOOD AVE
SUITE 1
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3659218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FREDETTE, PATRICIA
Address: 239 N RIDGEWOOD AVE., SUITE 1
City-St-Zip: EDGEWATER, FL 32132

Title: MGRM () Delete
Name: FISCHER-CARNE, TINA
Address: 239 N RIDGEWOOD AVE., SUITE 1
City-St-Zip: EDGEWATER, FL 32132

Title: MGRM () Delete
Name: CHANG, MARGARET
Address: 239 N RIDGEWOOD AVE., SUITE 2
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PATRICIA FREDETTE

MGRM

02/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date