

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000009057

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** COASTAL FAMILY PRACTICE, LLC

**Current Principal Place of Business:**

1404 S RIDGEWOOD AVE.  
EDGEWATER, FL 321322720 US

**New Principal Place of Business:**

**Current Mailing Address:**

1404 S RIDGEWOOD AVE.  
EDGEWATER, FL 321322720 US

**New Mailing Address:**

**FEI Number:** 59-3659218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREDETTE, PATRICIA  
1404 S RIDGEWOOD AVE.  
EDGEWATER, FL 321322720 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  
**Name:** FREDETTE, PATRICIA  
**Address:** 1404 S. RIDGEWOOD AVE.  
**City-St-Zip:** EDGEWATER, FL 321322720 US

**Title:** MGRM  
**Name:** FISCHER-CARNE, TINA  
**Address:** 1404 S. RIDGEWOOD AVE.  
**City-St-Zip:** EDGEWATER, FL 321322720 US

**Title:** MGRM  
**Name:** CHANG, MARGARET  
**Address:** 1404 S. RIDGEWOOD AVE  
**City-St-Zip:** EDGEWATER, FL 321322720 US

I hereby 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

02/16/2011

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