


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006940 1. Entity Name COASTAL INTERNAL MEDICINE SPECIALISTS, L.L.C.	
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Principal Place of Business 800 STERTHAUS AVE., STE. B ORMOND BEACH, FL 32174	Mailing Address 800 STERTHAUS AVE., STE. B ORMOND BEACH, FL 32174
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01222004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3757787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIMAYUGA, MICHAEL
 800 STERTHAUS AVE., STE. B
 ORMOND BEACH, FL 32174

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: Michael Townsend MD, President DATE: 2/4/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

U00000057796
02/20/04-80003-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNSEND MD, MICHAEL E 800 STERTHAUS AVE STE B ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMAYUGA MD, MICHAEL R 800 STERTHAUS AVE STE B ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LASTARZA MD, MARK W 800 STERTHAUS AVE STE B ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Michael Townsend Date: _____ Daytime Phone #: _____

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