

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006940

FILED  
May 16, 2005  
Secretary of State

Entity Name: COASTAL INTERNAL MEDICINE SPECIALISTS, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3757787      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DIMAYUGA, MICHAEL  
800 STERTHAUS AVE., STE. B  
ORMOND BEACH, FL 32174      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/MEMBERS:**

Title: P      ( ) Delete  
Name: TOWNSEND MD, MICHAEL E  
Address: 800 STERTHAUS AVE STE B  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP      ( ) Delete  
Name: DIMAYUGA MD, MICHAEL R  
Address: 800 STERTHAUS AVE STE B  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T      ( ) Delete  
Name: LASTARZA MD, MARK W  
Address: 800 STERTHAUS AVE STE B  
City-St-Zip: ORMOND BEACH, FL 32174

**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 Section 119.07(3)(i), 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: MICHAEL E. TOWNSEND

PRES

05/16/2005

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