

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006940

FILED
Apr 13, 2006
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:

335 CLYDE MORRIS BLVD
290
ORMOND BEACH, FL 32174

Current Mailing Address:

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

New Mailing Address:

335 CLYDE MORRIS BLVD
290
ORMOND BEACH, FL 32174

FEI Number: 59-3757787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

DIMAYUGA, MICHAEL
335 CLYDE MORRIS BLVD
290
ORMOND BEACH, FL 32174 US

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:

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: P (X) Change () Addition
Name: TOWNSEND MD, MICHAEL E
Address: 335 CLYDE MORRIS, STE 290
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Change () Addition
Name: DIMAYUGA MD, MICHAEL R
Address: 335 CLYDE MORRIS BLVD , STE 290
City-St-Zip: ORMOND BEACH, FL 32174

Title: T (X) Change () Addition
Name: LASTARZA MD, MARK W
Address: 335 CLYDE MORRIS BLVD, STE 290
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHAEL R. DIMAYUGA

VP

04/13/2006

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