


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90036 008 ****50.00

DOCUMENT # L01000006940

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



Principal Place of Business
 335 CLYDE MORRIS BLVD
 290
 ORMOND BEACH, FL 32174

Mailing Address
 335 CLYDE MORRIS BLVD
 290
 ORMOND BEACH, FL 32174

40070300



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04132007 Chg-LLC CR2E083 (12/06)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
 59-3757787

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIMAYUGA, MICHAEL
 335 CLYDE MORRIS BLVD
 290
 ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

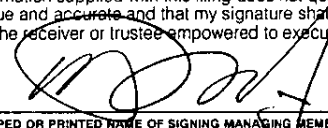
**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOWNSEND MD, MICHAEL E 335 CLYDE MORRIS, STE 290 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMAYUGA MD, MICHAEL R 335 CLYDE MORRIS BLVD, STE 290 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LASTARZA MD, MARK W 335 CLYDE MORRIS BLVD, STE 290 ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/16/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #