

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006940

FILED  
Mar 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

335 CLYDE MORRIS BLVD  
290  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

335 CLYDE MORRIS BLVD  
290  
ORMOND BEACH, FL 32174

**New Mailing Address:**

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  
335 CLYDE MORRIS BLVD  
290  
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/MANAGERS:**

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

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

Title: T ( ) Delete  
Name: LASTARZA MD, MARK W  
Address: 335 CLYDE MORRIS BLVD, STE 290  
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 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 E. TOWNSEND

MD

03/31/2009

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