

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006940

FILED
Apr 14, 2010
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
Name: TOWNSEND MD, MICHAEL E
Address: 335 CLYDE MORRIS, STE 290
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: T
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 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: SUSAN MAROTTE

MGR

04/14/2010

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