

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006940

FILED
Jan 19, 2012
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:

335 CLYDE MORRIS BLVD.
SUITE 290
ORMOND BEACH, FL 32174

Current Mailing Address:

335 CLYDE MORRIS BLVD
290
ORMOND BEACH, FL 32174

New Mailing Address:

335 CLYDE MORRIS BLVD.
SUITE 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
335 CLYDE MORRIS BLVD
290
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

TOWNSEND, MICHAEL
335 CLYDE MORRIS BLVD
SUITE 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: MICHAEL TOWNSEND, M.D.

01/19/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: TOWNSEND, MICHAEL E M.D.
Address: 335 CLYDE MORRIS, SUITE 290
City-St-Zip: ORMOND BEACH, FL 32174

Title: T
Name: LASTARZA, MARK W M.D.
Address: 335 CLYDE MORRIS BLVD, SUITE 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: MICHAEL TOWNSEND, M.D.

P

01/19/2012

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