

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90064 017 \*\*\*\*50.00

**DOCUMENT # L01000006940**

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



Principal Place of Business  
**800 STERTHAUS AVE., STE. B  
ORMOND BEACH FL 32174**

Mailing Address  
**800 STERTHAUS AVE., STE. B  
ORMOND BEACH FL 32174**

**20021684**



2. Principal Place of Business  
Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3757787**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**  
  
**DIMAYUGA, MICHAEL  
800 STERTHAUS AVE., STE. B  
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

**1/24/03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TOWNSEND MD, MICHAEL E</b> <b>800 STERTHAUS AVE STE B</b> <b>ORMOND BEACH FL 32174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DIMAYUGA MD, MICHAEL R</b> <b>800 STERTHAUS AVE STE B</b> <b>ORMOND BEACH FL 32174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LASTARZA MD, MARK W</b> <b>800 STERTHAUS AVE STE B</b> <b>ORMOND BEACH FL 32174</b> <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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** **SIGNATURE REQUIRED**

**1-24-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Phone #

CR2E083 (10/02)