

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014706

1. Entity Name

COASTAL HEALTH MANAGEMENT, L.L.C.

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90029 019 ****55.00

Principal Place of Business

3235 N. STATE ROAD 7
MARGATE FL 33063

Mailing Address

3235 N. STATE ROAD 7
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1145545

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, ROBERT A
3235 N. STATE ROAD 7
MARGATE FL 33063

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.

SIGNATURE

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

Robert A. Henry President

(NOTE: Registered Agent signature required when reinstating)

2/8/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE VICE PRESIDENT ☒ Delete
NAME JEFF RIFKIN
STREET ADDRESS 3235 N. STATE Rd. 7
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Chief Financial Officer/Treasurer ☐ Change ☒ Addition
NAME JAMES William Keeley
STREET ADDRESS 3235 N. STATE Rd. 7
CITY-ST-ZIP MARGATE, FL 33063

TITLE SECRETARY OF THE BOARD ☐ Change ☒ Addition
NAME ELIZABETH CHALKEN
STREET ADDRESS 3235 N. STATE Rd. 7
CITY-ST-ZIP MARGATE, FL 33063

TITLE SAMUEL BUSCAGL DIRECTOR ☐ Change ☒ Addition
NAME SAMUEL BUSCAGLIO
STREET ADDRESS 3235 N. STATE Rd. 7
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E083 (9/01)

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:

JAMES W. KEELEY

2/9/02 (954) 977-9708

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

Date

Daytime Phone #