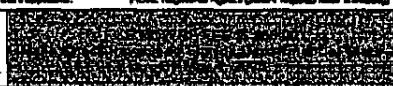


FILED
Jun 19, 2003 8:00 am
Secretary of State

05-05-2003 90088 003 ***150.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014706			
1. Entity Name COASTAL HEALTH MANAGEMENT, L.L.C.			
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	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent HENRY, ROBERT A 3235 N. STATE ROAD 7 MARGATE, FL 33063		4. PEI Number 85-1145545 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL Zip Code		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 _____ DATE _____ Signature, typewritten name of registered agent and date if applicable. (NOTE: Registered Agents cannot sign this statement themselves.)			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM CHALKER, ELIZABETH 3235 NORTH STATE ROAD 7 MARGATE, FL 33063	MGRM BUSCAGLIO, SAMUEL 3235 NORTH STATE ROAD 7 MARGATE, FL 33063	Principal / Managing member Robert A. Henry 3235 N. State Rd 7 Margate FL 33063	Principal / Managing member Jose Alfaro 3235 N. State Rd 7 Margate FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(p)(6), 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 registered agent empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 		ROBERT HENRY 4/30/03 9549779708	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	