

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90169 024 ****55.00

DOCUMENT # L01000014710

1. Entity Name
COASTAL HEALTH CENTERS, 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1145553

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIFKIN, JEFFREY
3235 N STATE ROAD 7
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: Robert A. Henry
Street Address (P.O. Box Number is Not Acceptable): 3235 N. STATE Rd. 7
City: MARGATE FL Zip Code: 33063

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]* Robert A. Henry President 2/8/02
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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 CHALKER
STREET ADDRESS: 3235 N. STATE Rd. 7
CITY-ST-ZIP: MARGATE, FL 33063

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

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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]* 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 #

CR2E083 (9/01)