

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018003

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: COAST PORT CHARLOTTE, P.L.

## Current Principal Place of Business:

4161 TAMIAMI TRIAL  
BUILDING 6 SUITE 604  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

## Current Mailing Address:

2502 ROCKY POINT DRIVE  
1000  
TAMPA, FL 33607 US

## New Mailing Address:

2502 ROCKY POINT DRIVE N  
1000  
TAMPA, FL 33607 US

FEI Number: 59-3737383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUIE, PATRICIA A ESQ  
2502 ROCKY POINT DRIVE, SUITE 1000  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

HUIE, PATRICIA A ESQ  
2502 ROCKY POINT DRIVE N  
1000  
TAMPA, FL 33607 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:

04/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: COAST DENTAL SERVICES, P.A.  
Address: 2502 ROCKY POINT DRIVE, SUITE 1000  
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM ( ) Delete  
Name: AMBER DENTAL, LLC  
Address: 2502 ROCKY POINT DRIVE, 1000  
City-St-Zip: TAMPA, FL 33607 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PATRICIA HUIE

ESQ

04/17/2009

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