

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018208**

1. Entity Name  
**WEST COAST PERSONAL INJURY & FAMILY MEDICINE,  
LLC**



Principal Place of Business

**5320 DUHME ROAD  
MADEIRA BEACH, FL 33708 US**

Mailing Address

**5320 DUHME ROAD  
MADEIRA BEACH, FL 33708 US**

**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**52-2373653**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KANTZLER, MARK G  
5320 DUHME RD  
MADEIRA BEACH, FL 33708**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**PAID**  
**4/27/04** **ck# 8807**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KANTLER, MARK G  
5320 DUHME ROAD  
MADEIRA BEACH, FL 33708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**04/30/04 04:00:00 PM  
04-30-04-80073-014 \$0.00**

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/22/04 727-398-3011**

Date

Daytime Phone #