

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018208

FILED
Apr 26, 2005
Secretary of State

Entity Name: WEST COAST PERSONAL INJURY & FAMILY MEDICINE, LLC

Current Principal Place of Business:

5320 DUHME ROAD
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

5320 DUHME ROAD
MADEIRA, FL 337082755 US

Current Mailing Address:

5320 DUHME ROAD
MADEIRA BEACH, FL 33708 US

New Mailing Address:

5320 DUHME ROAD
MADEIRA, FL 337082755 US

FEI Number: 52-2373653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KANTZLER, MARK G
5320 DUHME RD
MADEIRA, FL 337082755 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:

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KANTLER, MARK G
Address: 5320 DUHME ROAD
City-St-Zip: MADEIRA BEACH, FL 33708 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KANTLER, MARK G
Address: 5320 DUHME ROAD
City-St-Zip: MADEIRA, FL 337082755 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK G. KANTZLER D.O.

MGRM

04/26/2005

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