


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000018208 1. Entity Name WEST COAST PERSONAL INJURY & FAMILY MEDICINE, LLC	
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Principal Place of Business 5320 DUHME ROAD MADEIRA, FL 33708-2755 US	Mailing Address 5320 DUHME ROAD MADEIRA, FL 33708-2755 US
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DO NOT WRITE IN THIS SPACE



03282007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2373653	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KANTZLER, MARK G 5320 DUHME RD MADEIRA, FL 33708-2755

**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KANTLER, MARK G 5320 DUHME ROAD MADEIRA, FL 337082755
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04/29/07-80005-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/6/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #