2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L02000018208

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

Current Principal Place of Business:

5320 DUHME ROAD
MADEIRA, FL 337082755 US

New Principal Place of Business:

8486 SEMINOLE BLVD.
SEMINOLE, FL 337724328 US

Current Mailing Address:

5320 DUHME ROAD
MADEIRA, FL 337082755 US

New Mailing Address:

8486 SEMINOLE BLVD.
SEMINOLE, FL 337724328 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, FL 337082755 US

Name and Address of New Registered Agent:

KANTZLER, MARK G
8486 SEMINOLE BLVD.
SEMINOLE, FL 337724328 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: 04/30/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KANTLER, MARK G
Address: 8486 SEMINOLE BLVD.
City-St-Zip: SEMINOLE, FL 337724328 US

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: MARK G. KANTZLER MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date