

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000056889

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** COASTAL ORTHOPAEDICS AND SPORTS MEDICINE, P.L.

**Current Principal Place of Business:**

5145 DEER PARK DR.  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

5145 DEER PARK DR.  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 59-3318959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANDELORA, PETER  
5415 DEER PARK DR  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CANDELORA, PETER D  
Address: 5415 DEER PARK DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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: PETER CANDELORA

PRES

03/06/2011

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