

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056889

FILED
Feb 11, 2012
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

02/11/2012

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