


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90010 015 \*\*\*\*50.00

<b>DOCUMENT # L04000065106</b>	
1. Entity Name <b>COASTAL PEDIATRICS LLC</b>	

Principal Place of Business <b>1275 WEST GRANADA BOULEVARD STE. 3A ORMOND BEACH, FL 32174</b>	Mailing Address <b>1275 WEST GRANADA BOULEVARD STE. 3A ORMOND BEACH, FL 32174</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>201608348</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>AM&amp;E SERVICES LLC 801 N. MAGNOLIA AVENUE STE. 201 ORLANDO, FL 32802</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** Jean-Claude Jeanty M.D. **386**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **7/8/05** **6721490**  
Date Daytime Phone #