2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L05000036013

Entity Name: COASTAL MEDICAL SERVICES MANAGEMENT, L.L.C.

Current Principal Place of Business:

3820 TAMPA ROAD
SUITE 102
PALM HARBOR, FL 34684

New Principal Place of Business:

3820 TAMPA ROAD
SUITE 202
PALM HARBOR, FL 34684

Current Mailing Address:

3820 TAMPA ROAD
SUITE 102
PALM HARBOR, FL 34684

New Mailing Address:

3820 TAMPA ROAD
SUITE 202
PALM HARBOR, FL 34684

FEI Number: 56-2509672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SCHLAU, ARON
Address: 3820 TAMPA ROAD SUITE 202
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the 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: ARON SCHLAU MGR 01/17/2006

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