

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

05-18-2006 90042 016 ****50.00

DOCUMENT # L05000073716

1. Entity Name
WEST COAST FAMILY PRACTICE, LLC



Principal Place of Business

5101 E. BUSCH BLVD.
SUITE 4
TAMPA, FL 33617 US

Mailing Address

5101 E. BUSCH BLVD.
SUITE 4
TAMPA, FL 33617 US



2. Principal Place of Business

11018 N. Dale Mabry
Suite, Apt. #, etc.
Suite 401

City & State

Tampa, FL

Zip
33618

Country
US

3. Mailing Address

11018 N. Dale Mabry
Suite, Apt. #, etc.
Suite 401

City & State

Tampa, FL

Zip
33618

Country
US

04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3208019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADLER, GAIL M
5101 E. BUSCH BLVD.
SUITE 4
TAMPA, FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

11018 N. Dale Mabry, Suite 401

City

Tampa

FL

Zip Code

33618

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SADLER, GAIL M
5101 E. BUSCH BLVD., SUITE 4
TAMPA, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
11018 N. Dale Mabry, Suite 401
Tampa, FL 33618 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/2006 813-961-9393

Date

Daytime Phone #