

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90369 028 \*\*\*\*50.00

<b>DOCUMENT # L05000073913</b>					
<b>1. Entity Name</b> COASTAL FAMILY PRACTICE & ACUTE CARE CENTER LLC					
<b>Principal Place of Business</b> 1394 COUNTY ROAD 283 SOUTH BUILDING #12 GRAYTON BEACH, FL 32459			<b>Mailing Address</b> 1394 COUNTY ROAD 283 SOUTH BUILDING #12 GRAYTON BEACH, FL 32459		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CARMEL DILLARD HAWKINS 1394 COUNTY ROAD 283 SOUTH BUILDING #12 GRAYTON BEACH, FL 32459			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMEL DILLARD HAWKINS 1394 COUNTY ROAD 283 SOUTH BLDG #12 GRAYTON BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR William R. Marshall 1394 Cty Hwy 283 S. Bldg #12 Santa Rosa Beach, FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMEL DILLARD HAWKINS 1394 COUNTY ROAD 283 SOUTH BLDG #12 GRAYTON BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brittany Hawkins 1394 Cty Hwy 283 S. Bldg #12 Santa Rosa Beach, FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMEL DILLARD HAWKINS 1394 COUNTY ROAD 283 SOUTH BLDG #12 GRAYTON BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMEL DILLARD HAWKINS 1394 COUNTY ROAD 283 SOUTH BLDG #12 GRAYTON BEACH, FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMEL DILLARD HAWKINS 1394 COUNTY ROAD 283 SOUTH BLDG #12 GRAYTON BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMEL DILLARD HAWKINS 1394 COUNTY ROAD 283 SOUTH BLDG #12 GRAYTON BEACH, FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMEL DILLARD HAWKINS 1394 COUNTY ROAD 283 SOUTH BLDG #12 GRAYTON BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMEL DILLARD HAWKINS 1394 COUNTY ROAD 283 SOUTH BLDG #12 GRAYTON BEACH, FL 32459	
<b>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.</b>					
<b>SIGNATURE:</b> <u>William R. Marshall</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	

40113623

