2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# L05000073913

Entity Name: COASTAL FAMILY PRACTICE & ACUTE CARE CENTER LLC

Current Principal Place of Business:

1394 COUNTY ROAD 283 SOUTH
BUILDING #12
GRAYTON BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1394 COUNTY ROAD 283 SOUTH
BUILDING #12
GRAYTON BEACH, FL 32459

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARMEL DILLARD HAWKINS
1394 COUNTY ROAD 283 SOUTH
BUILDING #12
GRAYTON BEACH, FL 32459 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	( ) Delete
Name:	CARMEL DILLARD HAWKI, NS	
Address:	1394 COUNTY ROAD 283 SOUTH BLDG #12	
City-St-Zip:	GRAYTON BEACH, FL 32459	
Title:	MGR	( ) Delete
Name:	MARSHALL, WILLIAM R	
Address:	1394 CTY HWY 283 SOUTH BLDG 12	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	MGR	( ) Delete
Name:	HAWKINS, BRITTANY	
Address:	1394 CTY HWY 283 SOUTH BLDG 12	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: CARMEL D. HAWKINS PRES 05/15/2008

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