

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073913

FILED
Mar 26, 2012
Secretary of State

Entity Name: COASTAL FAMILY PRACTICE & ACUTE CARE CENTER LLC

Current Principal Place of Business:

9961 EAST COUNTY HWY 30A
SUITE 5
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

9961 EAST COUNTY HWY 30A
SUITE 5
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 90-0388829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, CARMEL D ARNP
9961 EAST COUNTY HWY 30A
SUITE 5
PANAMA CITY BEACH, FL 32413 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
Name: CARMEL DILLARD HAWKINS
Address: 9961 EAST COUNTY HWY 30A
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGR
Name: MARSHALL, WILLIAM R
Address: 9961 EAST COUNTY HWY 30A
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGR
Name: HAWKINS, BRITTANY
Address: 9961 EAST COUNTY HWY 30A
City-St-Zip: PANAMA CITY BEACH, FL 32413

I hereby 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: WILLIAM R MARSHALL

MGR

03/26/2012

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