

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084689

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** COASTAL PULMONARY AND CRITICAL CARE, P.L.C.

**Current Principal Place of Business:**

1201 FIFTH AVE., N.  
SUITE 206  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

1201 FIFTH AVE., N.  
SUITE 206  
ST. PETERSBURG, FL 33705 US

**Current Mailing Address:**

1201 FIFTH AVE., N.  
SUITE 206  
ST. PETERSBURG, FL 33705

**New Mailing Address:**

1201 FIFTH AVE., N.  
SUITE 206  
ST. PETERSBURG, FL 33705 US

**FEI Number:** 80-0132834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S ESQ.  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

ABEL, WARREN R MD  
1205 FIFTH AVENUE, NORTH,  
SUITE 206  
ST. PETERSBURG, FL 33705 US

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: WARREN R. ABEL, MD

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ABEL, MD., PLC, WARREN R  
Address: 1201 FIFTH AVE., N. SUITE 206  
City-St-Zip: ST. PETESBURG, FL 33705

**ADDITIONS/CHANGES:**

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: WARREN R. ABEL, MD

PRES

03/30/2009

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