2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

DOCUMENT# L05000084689

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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 80-0132834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABEL, WARREN R MD
1205 FIFTH AVENUE, NORTH,
SUITE 206
ST. PETERSBURG, FL 33705 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: MGRM
Name: ABEL, MD., PLC, WARREN R
Address: 1201 FIFTH AVE., N. SUITE 206
City-St-Zip: ST. PETERSBURG, FL 33705

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 Statues.

SIGNATURE: WARREN R. ABEL, M.D., PLC MGRM 01/11/2010

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