

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084689

FILED  
Jan 26, 2011  
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 US

**New Principal Place of Business:**

1530 9TH STREET N.  
ST. PETERSBURG, FL 33704 US

**Current Mailing Address:**

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

**New Mailing Address:**

1530 9TH STREET N.  
ST. PETERSBURG, FL 33704 US

**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:**

ABEL, WARREN R MD  
1530 9TH STREET N.  
ST. PETERSBURG, FL 33704 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

01/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ABEL, MD., PLC, WARREN R  
Address: 1530 9TH STREET N.  
City-St-Zip: ST. PETERSBURG, FL 33704 US

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: WARREN R. ABEL

MGRM

01/26/2011

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