

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115400

FILED
Aug 15, 2007
Secretary of State

Entity Name: COASTAL OAKS HEALTH LLC

Current Principal Place of Business:

5111 SOUTH RIDGEWOOD AVE
SUITE 202
PORT ORANGE, FL 32127

New Principal Place of Business:

5656 ISABELLE AVENUE
PORT ORANGE, FL 32127

Current Mailing Address:

5111 SOUTH RIDGEWOOD AVE.
SUITE 202
PORT ORANGE, FL 32127

New Mailing Address:

5656 ISABELLE AVENUE
PORT ORANGE, FL 32127 US

FEI Number: 22-3918785 FEI Number Applied For () FEI Number Not Applicable () 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:

YATES, COLIN D MR
5111 S RIDGEWOOD AVE
SUITE 202
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

YATES, COLIN D MR
5656 ISABELLE AVENUE
PORT ORANGE, FL 32127 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: COLIN YATES

08/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YATES, COLIN
Address: 5111 SOUTH RIDGEWOOD AVE., SUITE 202
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR () Delete
Name: YATES, SANDRA
Address: 5111 SOUTH RIDGEWOOD AVE., SUITE 202
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR (X) Delete
Name: ROACH, MARGRET
Address: 5111 SOUTH RIDGEWOOD AVE., SUITE 202
City-St-Zip: PORT ORANGE, FL 32127

Title: S (X) Delete
Name: YATES, SANDRA
Address: 5111 SOUTH RIDGEWOOD AVE., SUITE 202
City-St-Zip: PORT ORANGE, FL 32127

Title: T (X) Delete
Name: LIKES, CHRISTOPHER
Address: 5111 SOUTH RIDGEWOOD AVE., SUITE 202
City-St-Zip: PORT ORANGE, FL 32127

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:

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: COLIN YATES

MR

08/15/2007

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