


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90352 012 ****50.00

DOCUMENT # L06000118248	
1. Entity Name COASTAL CARE COMPASSION, LLC	

Principal Place of Business 3600 FOWLER STREET FT. MYERS, FL 33901	Mailing Address 3600 FOWLER STREET FT. MYERS, FL 33901
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2. Principal Place of Business - No P.O. Box # 3597 Fowler St Suite, Apt. #, etc.	3. Mailing Address 3597 Fowler St. Suite, Apt. #, etc.
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City & State Ft. Myers FL Zip 33901 Country	City & State Ft Myers FL Zip 33901 Country
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6. Name and Address of Current Registered Agent HORLICK, MICHAEL D 1314 E. VENICE AVENUE, SUITE D VENICE, FL 34285	
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04302007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-8055587	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETTOGRASSO, VICTORIA 238 TAMiami TRAIL SOUTH VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Victoria PettoGrasso **4/30/07** **(941) 484-4980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #