2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000118248

1. Entity Name
COASTAL CARE COMPASSION, LLC

Principal Place of Business	Mailing Address
3597 FOWLER ST FORT MYERS, FL 33901	3597 FOWLER ST FORT MYERS, FL 33901

2. Principal Place of Business - No P.O. Box #
238 Tamiami Trl S.
Suite, Apt. #, etc.

3. Mailing Address
238 Tamiami Trl S.
Suite, Apt. #, etc.

07082008   Chg-LLC   CR2E083 (12/06)

City & State Venice, FL

City & State Venice, FL

4. FEI Number
20-8055587

☐ Applied For
☐ Not Applicable

Zip	Country	Zip	Country
34285	USA	34285	USA

5. Certificate of Status Desired   ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HORLICK, MICHAEL D
1314 E. VENICE AVENUE, SUITE D
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
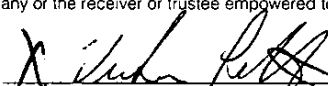
City   FL   Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75 **Due by September 12, 2008**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PETTOGRASSO, VICTORIA		NAME			
STREET ADDRESS	238 TAMIAMI TRAIL SOUTH		STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: X _____   7/8/08   941 488-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #