2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L07000005971

Entity Name: COASTAL HEARING CARE PROVIDERS, LLC

Current Principal Place of Business:

INDIAN RIVER MALL #776
6200 20TH STREET
VERO BEACH, FL 32966 US

New Principal Place of Business:

2045 US HIGHWAY 1
VERO BEACH, FL 32960 US

Current Mailing Address:

INDIAN RIVER MALL #776
6200 20TH STREET
VERO BEACH, FL 32966 US

New Mailing Address:

2045 US HIGHWAY 1
VERO BEACH, FL 32960 US

FEI Number: 20-8252694 **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:

CHEEVERS, JANINE A
INDIAN RIVER MALL #776
6200 20TH STREET
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

CHEEVERS, JANINE A
2045 US HIGHWAY 1
VERO BEACH, FL 32960 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: _____ 05/05/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHEEVERS, JANINE
Address: INDIAN RIVER MALL #776 6200 20TH STREET
City-St-Zip: VERO BEACH, FL 32966 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHEEVERS, JANINE
Address: 2045 US HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32960 US

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: JANINE A. CHEEVERS MBR 05/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date