

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029946

FILED
May 06, 2009
Secretary of State

Entity Name: COASTAL SURGERY PARTNERS, L.L.C.

Current Principal Place of Business:

6015 POINTE WEST BOULEVARD, STE 100
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

6015 POINTE WEST BOULEVARD, STE 100
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 20-8824138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAKKAR, RADHA V
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

JAMES, NEEDHAM
6015 POINTE WEST BLVD
BRADENTON, FL 34209 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: JAMES NEEDHAM

05/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: FARINO, GREGORY
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

Title: VP () Delete
Name: LAMAR, DANIEL
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

Title: TREA () Delete
Name: NEEDHAM, JAMES
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

Title: S/MD () Delete
Name: BROWN, LORRIE
Address: 6015 POINTE WEST BLVD
City-St-Zip: BRADENTON, FL 34209

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:

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: MARCIA BATES

CONT

05/06/2009

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