

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124723

FILED
Mar 17, 2009
Secretary of State

Entity Name: COASTAL JAW SURGERY OF TRINITY, LLC

Current Principal Place of Business:

2711 TAMPA ROAD
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

2711 TAMPA ROAD
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 37-1560011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRIS, MICHAEL E ESQ
29 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: PIKOS, MICHAEL A DDS
Address: 2711 TAMPA RD
City-St-Zip: PALM HARBOR, FL 34684 US

ADDITIONS/CHANGES:

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: MICHAEL A. PIKOS, D.D.S.

PRES

03/17/2009

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