

# **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