

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034044

Entity Name: COASTAL SURGICAL, LLC

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4521 PGA BOULEVARD  
UNIT 272  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

**Current Mailing Address:**

4521 PGA BOULEVARD  
UNIT 272  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

FEI Number: 26-2403403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TADROS, DAVID S  
1700 PALM BEACH LAKES BOULEVARD  
7TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

TADROS, DAVID S  
1665 PALM BEACH LAKES BOULEVARD  
900  
WEST PALM BEACH, FL 33401 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:

04/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TADROS, MARIA V  
Address: 8435 MAN O WAR ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGR  
Name: MAUGER, MIKE  
Address: 420 OLD TOWNE LANE  
City-St-Zip: JUNO BEACH, FL 33408 US

I hereby 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: MARIA V TADROS

MGR

04/23/2011

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