2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2011
Secretary of State

DOCUMENT# L08000071532

Entity Name: COASTAL FLORIDA HOSPITALISTS, PL

Current Principal Place of Business:

683 CANDLEBARK DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

683 CANDLEBARK DR
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 80-0224465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UCHE, CHIDI U MD
683 CANDLEBARK DR
JACKSONVILLE, FL 32225 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: MGR
Name: UCHE, CHIDI U MD
Address: 683 CANDLEBARK DR
City-St-Zip: JACKSONVILLE, FL 32225 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 Statues.

SIGNATURE: CHIDI UCHE MD PRES 05/02/2011

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