

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076105

FILED
Jan 15, 2011
Secretary of State

Entity Name: COASTAL VASCULAR AND INTERVENTIONAL, P.L.L.C.

Current Principal Place of Business:

5147 NORTH NINTH AVENUE, STE. 318
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11982
PENSACOLA, FL 32524 US

New Mailing Address:

FEI Number: 26-3144426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARLIN, STUART A
5147 NORTH NINTH AVENUE, STE. 318
PENSACOLA, FL 32504 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: MGRM
Name: HARLIN, STUART A
Address: 5147 NORTH NINTH AVENUE, STE. 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: BOSARGE, CHRISTOPHER J
Address: 5147 NORTH NINTH AVENUE, STE. 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: MONTGOMERY, AARON B
Address: 5147 NORTH NINTH AVENUE, STE. 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: CRAMER, HARRY R
Address: 5147 NORTH NINTH AVENUE, STE. 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: TUCKER, JOHN
Address: 5147 NORTH NINTH AVENUE, STE. 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: LECROY, CHRISTOPHER
Address: 5147 NORTH NINTH AVENUE, STE. 318
City-St-Zip: PENSACOLA, FL 32504

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: C BOSARGE

MGR

01/15/2011

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