

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088812

FILED
Mar 23, 2009
Secretary of State

Entity Name: COASTAL MEDICAL GROUP LLC

Current Principal Place of Business:

4747 NOB HILL ROAD SUITE 13
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4747 NOB HILL ROAD SUITE 13
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-3579510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELSTEIN, JULIE
1297 MANOR COURT
WESTON, FL 33326 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 () Delete
Name: EDELSTEIN, JULIE
Address: 1297 MANOR COURT
City-St-Zip: FT. LAUDERDALE, FL 33326

Title: MGRM () Delete
Name: PALOMINO, KATHERINE
Address: 869 ANSLEY COURT
City-St-Zip: FT. LAUDERDALE, FL 33326

Title: MGRM () Delete
Name: LUTZ, KAREN
Address: 4522 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIE EDELSTEIN

MGR

03/23/2009

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