

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101022

FILED
Jan 10, 2011
Secretary of State

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

Current Principal Place of Business:

5147 NORTH NINTH AVENUE, SUITE 318
PENSACOLA, FL 32504 US

New Principal Place of Business:

5147 NORTH 9TH AVENUE, SUITE 318
PENSACOLA, FL 32504 US

Current Mailing Address:

PO BOX 11982
PENSACOLA, FL 32524 US

New Mailing Address:

FEI Number: 26-3850407

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, SUITE 318
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

HARLIN, STUART A
5147 NORTH 9TH AVENUE, SUITE 318
PENSACOLA, FL 32504 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: STUART A HARLIN

01/10/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HARLIN, STUART A
Address: 5147 NORTH 9TH AVENUE, SUITE 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: BOSARGE, CHRISTOPHER J
Address: 5147 NORTH 9TH AVENUE, SUITE 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: MONTGOMERY, AARON B
Address: 5147 NORTH 9TH AVENUE, SUITE 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: TUCKER, JOHN A
Address: 5147 NORTH 9TH AVENUE, SUITE 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: CRAMER, HARRY R
Address: 5147 NORTH 9TH AVENUE, SUITE 318
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM
Name: LECROY, CHRISTOPHER
Address: 5147 NORTH 9TH AVENUE, SUITE 318
City-St-Zip: PENSACOLA, FL 32504 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: STUART A HARLIN

MGRM

01/10/2011

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