

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075260

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** COASTAL INTERVENTIONAL PAIN MANAGEMENT, LLC

**Current Principal Place of Business:**

ST. ANTHONY HOSPITAL  
MEDICAL OFFICE BLDG, #320, 1099 5TH AVE N  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 76525  
ST PETERSBURG, FL 33734

**New Mailing Address:**

ST. ANTHONY HOSPITAL  
MEDICAL OFFICE BLDG, #320, 1099 5TH AVE N  
ST. PETERSBURG, FL 33705

**FEI Number:** 27-0684976      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BURNS, JENNIFER  
ST ANTHONY HOSPITAL  
MEDICAL OFFICE BLDG, #320, 1099 5TH AVE N  
ST. PETERSBURG, FL 33705 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:** BURNS, JENNIFER  
**Address:** 1099 5TH AVENUE N #320  
**City-St-Zip:** ST PETERSBURG, FL 33705

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: JENNIFER BURNS

MD

05/04/2010

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