

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 12, 2011
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:

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

New Mailing Address:

FEI Number: 27-0684976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

MGRM

04/12/2011

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