

L14 000063275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

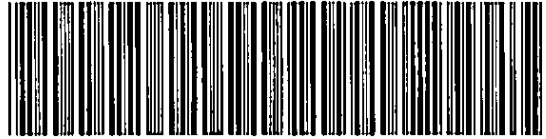
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S TALLENT

AUG 18 2020

2020 AUG 14 PM 2:06

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2020 AUG 15 PM 12:16

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2020

ISMAIL ZABIH MD  
COASTAL INTERNAL MEDICINE, LLC  
12007 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH, FL 32407

SUBJECT: COASTAL INTERNAL MEDICINE, LLC  
Ref. Number: L14000063275

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

HOWELL CPA GRP CAN NOT BE LISTED ON THE AUTHORIZED PERSON  
DETAIL FORM. PLEASE REMOVE THEM FROM THIS PAGE LISTED AS  
AMBR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 920A00014592



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2020

ISMAIL ZABIH MD  
COASTAL INTERNAL MEDICINE, LLC  
12007 PANAMA CITY BEACH PKWY  
PANAMA CITY BEACH, FL 32407

SUBJECT: COASTAL INTERNAL MEDICINE, LLC  
Ref. Number: L14000063275

2020 JUL -09 PM 3:26

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 320A00013354

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal Internal Medicine, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISMAIL ZUBIH MD  
Name of Person

Coastal Internal Medicine, LLC  
Firm/Company

12007 Panama City Beach Parkway  
Address

Panama City Beach, FL 32407  
City/State and Zip Code

zubah@pcbmed.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edee Troncale at (850) 215-7774  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

> DD ALREADY

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Coastal Internal Medicine, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/17/2014 and assigned Florida document number L14000063275.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

12007 PCB PKWY  
PCB FL 32407

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ISMAIL ZABIH MD

New Registered Office Address:

12007 PCB PKWY

Enter Florida street address

PCB

City

Florida

32407

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR MGR	ISMAEL LABIEMO	12007 PCB PKWY PCB, FL 32404	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

July 29, 2020

*Which*  
e of a member or authorized representative

ISMAIL ZAHIRI

Typed or printed name of signee