

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001759

1. Entity Name

COASTAL CARDIOVASCULAR SERVICES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -4 AM 9:55

Principal Place of Business  
801 EAST 6TH STREET, SUITE 309  
PANAMA CITY FL 32401

Mailing Address  
801 EAST 6TH STREET, SUITE 309  
PANAMA CITY FL 32401-3652



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUTTO, BILL R  
620 MCKENZIE AVENUE  
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
COASTAL CARDIOVASCULAR SURGEONS, P.A.  
801 EAST 6TH STREET, SUITE 309  
PANAMA CITY FL 32401

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

900003128839-3  
-02/09/00-01016-003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
T. SMITH & ASSOCIATES, INC.  
433 PARK POINT DRIVE, SUITE 225  
GOLDEN CO 80401

☐ Delete

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*John McKenzie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/31/00

8507859559