

2001 UNIFORM BUSINESS REPORT (UBR)

0024291 AF

DOCUMENT # L99000001759

1. Entity Name
COASTAL CARDIOVASCULAR SERVICES, L.C.

FILED

01 FEB 22 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3581189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 ☐ Delete
MGRM
COASTAL CARDIOVASCULAR SURGEONS, P.A.
STREET ADDRESS 801 EAST 6TH STREET, SUITE 309
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE NAME ☐ Change ☐ Addition
900003782859--8
-02/27/01--01078--018
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM
T. SMITH & ASSOCIATES, INC.
STREET ADDRESS 433 PARK POINT DRIVE, SUITE 225
CITY-ST-ZIP GOLDEN CO 80401

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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: *Blanch Kessinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/31/01
Date

7859559
Daytime Phone #

CR2E083 (11/00)