

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001759**

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



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**



04122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3581189**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HUTTO, BILL R  
620 MCKENZIE AVENUE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**000000116626  
04/16/04-80072-017 55.00**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Reed Finney 4-14-04 (850) 763-8383**