2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006
Secretary of State

DOCUMENT# L99000001759

Entity Name: COASTAL CARDIOVASCULAR SERVICES, L.C.

Current Principal Place of Business:

801 EAST 6TH STREET, SUITE 309
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

801 EAST 6TH STREET, SUITE 309
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3581189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTTO, BILL R
620 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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 ( ) Delete
Name: COASTAL CARDIOVASCUL, AR SURGEONS, P . A.
Address: 801 EAST 6TH STREET, SUITE 309
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete
Name: T. SMITH & ASSOCIATE, S, INC.
Address: 433 PARK POINT DRIVE, SUITE 225
City-St-Zip: GOLDEN, CO 80401

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: REED FINNEY, M.D. V.P. 03/10/2006

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