

2000 UNIFORM BUSINESS REPORT (UBR)

0008996 AF

DOCUMENT # L99000003093

1. Entity Name
COASTAL PRIMARY CARE ASSOCIATES, P.L.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 18 AM 8:36

Principal Place of Business
671 GOODLETTE ROAD, SUITE 160
NAPLES FL 34102

Mailing Address
671 GOODLETTE ROAD, SUITE 160
NAPLES FL 34102-5468



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

PFEUFFER, WILLIAM A
1124 GOODLETTE ROAD
NAPLES FL 34102

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 MGRM DAUER, ANDREW D.O. ☐ Delete
STREET ADDRESS 671 GOODLETTE ROAD, SUITE 160
CITY-ST-ZIP NAPLES FL 34102

TITLE NAME MGRM MCDONOUGH, MARTHA R. D.O. ☐ Change ☒ Addition
STREET ADDRESS 671 GOODLETTE ROAD, SUITE 160
CITY-ST-ZIP NAPLES, FL 34102

TITLE NAME MGRM BRZEZINSKI, DIANE D.O. ☐ Delete
STREET ADDRESS 671 GOODLETTE ROAD, SUITE 160
CITY-ST-ZIP NAPLES FL 34102

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

MARTHA R. MCDONOUGH, D.O.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Jan 19, 2000 941-430-7979

CR2E083 (9/99)