

# 2001 UNIFORM BUSINESS REPORT (UBR)

Out 44 At

DOCUMENT # L99000003093

1. Entity Name

COASTAL PRIMARY CARE ASSOCIATES, P.L.

FILED

01 MAR 15 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

671 GOODLETTE ROAD, SUITE 160  
NAPLES FL 34102

Mailing Address

671 GOODLETTE ROAD, SUITE 160  
NAPLES FL 34102

2. Principal Place of Business

1132 GOODLETTE ROAD NORTH  
Suite, Apt. #, etc.

3. Mailing Address

1132 GOODLETTE ROAD NORTH  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-382679 APPLIED FOR

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34102

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PFEUFFER, WILLIAM A  
1124 GOODLETTE ROAD  
NAPLES FL 34102

7. Name and Address of New Registered Agent

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

400003912074--2  
--03/27/01--01061--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

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

Date

Daytime Phone #

CR2E083 (11/00)