2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000003093

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

FILED Mar 05, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1132 GOODLETTE RD N NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

1132 GOODLETTE RD N NAPLES, FL 34102

FEI Number: 59-3582679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PFEUFFER, WILLIAM A

1124 GOODLETTE ROAD

NAPLES, FL 34102 US

BURZYNSKI, JILL

1124 GOODLETTE ROAD

NAPLES, FL 34102 US

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: JILL BURZYNSKI 03/05/2002

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

e: MGRM () Delete

Name: DAUER, ANDREW D.O.
Address: 671 GOODLETTE ROAD, SUITE 160

City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: MCDONOUGH, MARTHA R D.O.
Address: 671 GOODLETTE ROAD, SUITE 160

City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: DAUER, ANDREW D.O.
Address: 1132 GOODLETTE ROAD N
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change () Addition Name: MCDONOUGH, MARTHA R D.O. Address: 1132 GOODLETTE ROAD N

City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTHA R MCDONOUGH DO MGRM 03/05/2002