

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003093

FILED
Jul 06, 2004
Secretary of State

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

Current Principal Place of Business:

1132 GOODLETTE RD N
NAPLES, FL 34102

New Principal Place of Business:

1280 CREEKSIDE STREET STE 105
NAPLES, FL 34108

Current Mailing Address:

1132 GOODLETTE RD N
NAPLES, FL 34102

New Mailing Address:

1280 CREEKSIDE STREET STE 105
NAPLES, FL 34108

FEI Number: 59-3582679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURZYNSKI, JILL
1124 GOODLETTE ROAD
NAPLES, FL 34102 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/MEMBERS:

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

Title: MGRM () Delete
Name: MCDONOUGH, MARTHA R D.O.
Address: 1132 GOODLETTE ROAD N
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAUER, ANDREW D.O.
Address: 1280 CREEKSIDE STREET STE 105
City-St-Zip: NAPLES, FL 34108

Title: MGRM (X) Change () Addition
Name: MCDONOUGH, MARTHA R D.O.
Address: 1280 CREEKSIDE STREET STE 105
City-St-Zip: NAPLES, FL 34108

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: ANDREW DAUER DO

AD

07/06/2004

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