2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# L99000003093

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

Current Principal Place of Business:

1280 CREEKSIDE STREET STE 105
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

1280 CREEKSIDE STREET STE 105
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3582679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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

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

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 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 J DAUER, D.O. MGRM 06/30/2005

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