

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003093

**FILED**  
**Jan 17, 2006**  
**Secretary of State**

**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 ( )**

**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

**ADDITIONS/CHANGES:**

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 Chapter 119, 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

01/17/2006

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