


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

PD 2/1/07 FILED
Feb 05, 2007 08:00 AM
CK # Secretary of State
\$50.00

DOCUMENT # L99000007901 1. Entity Name COASTAL MEDICAL CENTER, L.L.C.	
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Principal Place of Business 1 SOUTH SCHOOL AVENUE, SUITE 103 SARASOTA, FL 34237	Mailing Address 1 SOUTH SCHOOL AVENUE, SUITE 103 SARASOTA, FL 34237
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01312007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0956639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DOERR, KENNETH D 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000620800
02/09/07-80051-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, WILLIAM 1 SOUTH SCHOOL AVENUE, SUITE 103 SARASOTA, FL 34237
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #