2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000007901

1. Entity Name

COASTAL MEDICAL CENTER, L.L.C.



Principal Place of Business

1 SOUTH SCHOOL AVENUE, SUITE 103 SARASOTA, FL 34237

Mailing Address

1 SOUTH SCHOOL AVENUE, SUITE 103 SARASOTA, FL 34237 FILED Feb 07, 2008 08:00 AN Secretary of State



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0956639 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DOERR, KENNETH D 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236 DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement fithe obligations of registered agent.	e above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, a obligations of registered agent.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	9. MANAGING MEMBERS/MANAGERS	
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, WILLIAM 1 SOUTH SCHOOL AVENUE, SUITE 103 SARASOTA, FL 34237	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DATE

DO NOT WRITE IN THIS SPACE

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 emocwared to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

D TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-5-08

941-389-7006

Daytime Phone