# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# L99000007901

**Entity Name:** COASTAL MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

1 SOUTH SCHOOL AVENUE, SUITE 103
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

1 SOUTH SCHOOL AVENUE, SUITE 103
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number: 65-0956639** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOERR, KENNETH D
240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

JACKSON, WILLIAM
1 SOUTH SCHOOL AVENUE, SUITE 103
SARASOTA, FL 34237 US

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: WILLIAM JACKSON 04/28/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: JACKSON, WILLIAM
Address: 1 SOUTH SCHOOL AVENUE, SUITE 103
City-St-Zip: SARASOTA, FL 34237

**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 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: WILLIAM JACKSON MGR 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date