

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009057

Entity Name: COASTAL FAMILY PRACTICE, LLC

Current Principal Place of Business:

1404 S RIDGEWOOD AVE.
EDGEWATER, FL 32132-2720

Current Mailing Address:

1404 S RIDGEWOOD AVE.
EDGEWATER, FL 32132-2720 US

FEI Number: 59-3659218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FREDETTE, PATRICIA
1404 S RIDGEWOOD AVE.
EDGEWATER, FL 32132-2720 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FREDETTE, PATRICIA
Address 1404 S. RIDGEWOOD AVE.
City-State-Zip: EDGEWATER FL 32132-2720

Title MGRM
Name FISCHER-CARNE, TINA
Address 1404 S. RIDGEWOOD AVE.
City-State-Zip: EDGEWATER FL 32132-2720

Title MGRM
Name CHANG, MARGARET
Address 1404 S. RIDGEWOOD AVE
City-State-Zip: EDGEWATER FL 32132-2720

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA FREDETTE

MGRM

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date