

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006940

Entity Name: COASTAL INTERNAL MEDICINE SPECIALISTS, L.L.C.

Current Principal Place of Business:

335 CLYDE MORRIS BLVD.
SUITE 290
ORMOND BEACH, FL 32174

Current Mailing Address:

335 CLYDE MORRIS BLVD.
SUITE 290
ORMOND BEACH, FL 32174

FEI Number: 59-3757787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOWNSEND, MICHAEL
335 CLYDE MORRIS BLVD
SUITE 290
ORMOND BEACH, FL 32174 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 P
Name TOWNSEND, MICHAEL EM.D.
Address 335 CLYDE MORRIS, SUITE 290
City-State-Zip: ORMOND BEACH FL 32174

Title T
Name LASTARZA, MARK WM.D.
Address 335 CLYDE MORRIS BLVD, SUITE 290
City-State-Zip: ORMOND BEACH FL 32174

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL E TOWNSEND

PRESIDENT

02/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date