

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000005703

**Entity Name:** COAST SURGICAL GROUP, PLLC

**Current Principal Place of Business:**

19105 US HWY 41 N  
SUITE 300  
LUTZ, FL 33549

**Current Mailing Address:**

P O BOX 2667  
LUTZ, FL 33548

**FEI Number:** 27-4715360

**Certificate of Status Desired:** No

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

DESAI, MIT  
19105 US HWY 41 N  
SUITE 300  
LUTZ, FL 33549 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 DESAI, MIT  
Address 19105 US HWY 41 N, SUITE 300  
City-State-Zip: LUTZ FL 33549

*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:** MIT DESAI

**PRESIDENT**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date