

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90032 028 ***150.00

DOCUMENT # P94000000938

1. Entity Name
COASTAL OB/GYN, P.A.

Principal Place of Business Mailing Address
600 NORTH COVE BLVD. **600 NORTH COVE BLVD.**
PANAMA CITY FL 32401 **PANAMA CITY FL 32401**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3233766** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

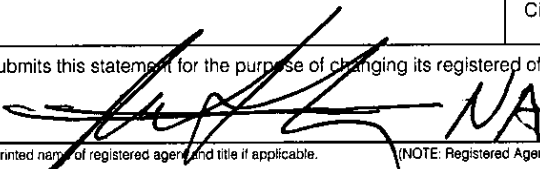
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACELUCH, ROBERT W
600 NORTH COVE BLVD.
PANAMA CITY FL 32401

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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  DATE

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PCD	MACELUCH, JOHN J	600 NORTH COVE BLVD.	PANAMA CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	MORROW, GREGORY K	600 NORTH COVE BLVD	PANAMA CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	MACELUCH, ROBERT W	600 N COVE BLVD	PANAMA CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	MORROW, KENNETH R	600N COVE BLVD	PANAMA CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date **4/6/01** Daytime Phone # **850-785-0515**

CR2E034 (10/00)