

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90014 011 ***150.00

DOCUMENT # P94000025596

1. Entity Name

COASTAL CARDIOLOGY CONSULTANTS, P.A.

Principal Place of Business

3231 MCMULLEN BOOTH ROAD
 STE 102
 SAFETY HARBOR FL 34695

Mailing Address

3231 MCMULLEN BOOTH ROAD
 STE 102
 SAFETY HARBOR FL 34695

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 **59-3233548**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, AARON J
704 WEST BAY STREET
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	VPD	<input type="checkbox"/> Delete
NAME	GIBBS, KENNETH	
STREET ADDRESS	106 HARBOR DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KAPLAN, KERRY J	
STREET ADDRESS	1522 SILVER MOON LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLONARIS, JOHN H	
STREET ADDRESS	1983 MUIRFIELD WAY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAKII, A-HAMID MD	
STREET ADDRESS	1508 STURBRIDGE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00

Date

Daytime Phone #

CFR20014.13(10)

P940000025596

Kenneth L. Gibbs, M.D., F.A.C.C.
Kerry J. Kaplan, M.D., F.A.C.C.
John N. Klonaris, M.D., F.A.C.C.
A-Hamid Hakki, M.D., F.A.C.C.
Patrick A. Cambier, M.D., F.A.C.C.



**COASTAL
CARDIOLOGY CONSULTANTS**

A0068032

Rakesh K. Sharma, M.D., F.A.C.C.
Van Q. Nguyen, M.D., F.A.C.C.
Jonathan D. Hobson, M.D., F.A.C.C.
S. Taher Parvizi, M.D., F.A.C.C.
Todd A. Kovach, M.D.

TO: Division of Corporations
Uniform Business Report Filings

FROM: Pamela Langley
Financial Coordinator

DATE: July 11, 2000

RE: "Second Notice" 2000 Uniform Business Report

Today we received a form for the 2000 Uniform Business Report, marked second notice. This is the first notice we have gotten. We did call your office as soon as we received it. Your agent informed us that the original fee was \$150.00. Enclosed is our check for this amount. In view of this being our first notice, we respectfully request that the late fees be waived in this case. We sincerely appreciate your assistance in this matter.

Sincerely,

Pamela Langley

Main Office: 3231 McMullen Booth Rd., Suite 102, Safety Harbor, FL 34695 • (727) 724-8611 • Fax (727) 724-0425
601 Main Street, Suite 200, Dunedin, FL 34698 • (727) 734-6533 • Fax (727) 734-6654
2101 Trinity Oaks Blvd., Suite 202, New Port Richey, FL 34655 • (727) 372-4100 • Fax (727) 376-1723
5880 49th Street N., Suite N-105, St. Petersburg, FL 33709 • (727) 521-9307 • Fax (727) 466-6770
1107 S. Myrtle Clearwater, FL 33756 • (727) 441-8663 • Fax (727) 466-6770
E-Mail: coastalcardio@ij.net

