

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025596

FILED
Jan 19, 2005
Secretary of State

Entity Name: COASTAL CARDIOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

1840 MEASE DR.
SUITE 200
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1840 MEASE DR.
SUITE 200
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3233548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLD, AARON J
704 WEST BAY STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CAMBIER, PATRICK A MD
Address: 625 SOUNDVIEW
City-St-Zip: PALM HARBOR, FL 34683

Title: PRES () Delete
Name: KAPLAN, KERRY J MD
Address: 1522 SILVER MOON LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: SEC () Delete
Name: KOVACH, TODD MD
Address: 1830 MCCAULEY ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: TRES () Delete
Name: TURKER, STEPHEN D MD
Address: 1774 CROSS CREEK WAY
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: HAKKI, A-HAMID MD
Address: 1508 STURBRIDGE CT
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY KAPLAN, MD

PRES

01/19/2005

Electronic Signature of Signing Officer or Director

_____ Date