


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90032 039 ***150.00

| | |
|---|---|
| DOCUMENT # P94000025596 1. Entity Name COASTAL CARDIOLOGY CONSULTANTS, P.A. |  |
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|---|---|
| Principal Place of Business 1840 MEASE DR. SUITE 200 SAFETY HARBOR, FL 34695 | Mailing Address 1840 MEASE DR. SUITE 200 SAFETY HARBOR, FL 34695 |
|---|---|

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3233548 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GOLD, AARON J 704 WEST BAY STREET TAMPA, FL 33606 |
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAMBIER, PATRICK A MD 625 SOUNDVIEW PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES KAPLAN, KERRY J MD 1522 SILVER MOON LANE PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC HAKKI, A-HAMID MD 1508 STURBRIDGE CT DUNEDIN, FL 34698 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRES TURKER, STEPHEN D MD 1774 CROSS CREEK WAY DUNEDIN, FL 34698 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRES LANG, LIN 3023 SUNSET DRIVE BELLEAIR BLUFFS, FL. 33770 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KROSLICK, MERRILL A. 7664 HUNTER LANE PINELLAS PARK, FL. 33784 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kerry Kaplan Date: 1/18/06 Daytime Phone #: 727-724-8611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR