


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 20 PM 4:49

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|--|---|
| 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 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | | |
|--|-------------------------------|-----------------|
| 09072007 | Chg-P | CR2E034 (12/06) |
| 4. FEI Number 59-3233548 | Applied For Not Applicable | |
| 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 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|------------------------------|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BLACK, ROBERT A MD <input type="checkbox"/> Delete 1345 PLAYMOOR DR PALM HARBOR, FL 34683 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700109871657 09/25/07--01007--005 **61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES KAPLAN, KERRY J MD <input type="checkbox"/> Delete 1522 SILVER MOON LANE PALM HARBOR, FL 34683 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HOBSON, JONATHAN D MD <input type="checkbox"/> Delete 155 SAGE RD CRYSTAL BEACH, FL 34681 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRES TURKER, STEPHEN D MD <input type="checkbox"/> Delete 1774 CROSS CREEK WAY DUNEDIN, FL 34698 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LANG, LIN <input type="checkbox"/> Delete 3023 SUNSET DR BELLEAIR BLUFFS, FL 33770 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAMBIER, PATRICK A MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 625 Soundview PALM HARBOR, FL. 34683 |

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 MD Kerry Kaplan MD 9/2/07 (727) 723-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ADDITIONAL OFFICERS

TITLE: VP
NAME LONDON, JAMES F MD
STREET ADDRESS 2930 MEADOWOOD DRIVE
CITY, ST, ZIP NEW PORT RICHEY, FL. 34655

TITLE: VP
NAME STEINHOFF, JEFF P MD
STREET ADDRESS 1200 COUNTRY CLUB DIRVE #5206
CITY, ST, ZIP LARGO, FL. 33771

TITLE: VP
NAME NGUYEN, VAN Q MD
STREET ADDRESS 3732 PRESIDENTIAL DRIVE
CITY, ST, ZIP PALM HARBOR, FL. 34685

TITLE: VP
NAME WALSH, RONALD L DO
STREET ADDRESS 144 ALETA DRIVE
CITY, ST, ZIP BELLEAIR BEACH, FL. 33786

TITLE: VP
NAME KROLICK, MERRILL A DO
STREET ADDRESS 7664 HUNTER LANE
CITY, ST, ZIP PINELLAS PARK, FL. 33784

TITLE: VP
NAME KOVACH, TODD A MD
STREET ADDRESS 1830 MCCAULEY RD
CITY, ST, ZIP CLEARWATER, FL. 33765

TITLE: VP
NAME KLONARIS, JOHN N MD
STREET ADDRESS 2629 LIVERPOOL DIRVE
CITY, ST, ZIP TARPON SPRINGS, FL. 34688

TITLE: VP
NAME HAKKI, A. HAMID MD
STREET ADDRESS 1508 STURBRIDGE CT
CITY, ST, ZIP DUNEDIN, FL. 34698

TITLE: VP
NAME BANCHS, JOSE A MD
STREET ADDRESS 1700 OYSTER POINT WAY
CITY, ST, ZIP PALM HARBOR, FL. 34683