

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025596

FILED
Jan 09, 2009
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 ESQ,
ALLEN DELL, P.A.
202 S. ROME AVENUE, SUITE 100
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: V () Delete
Name: BLACK, ROBERT A MD
Address: 1345 PLAYMOOR DR
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: V () Delete
Name: HOBSON, JONATHAN D MD
Address: 155 SAGE RD
City-St-Zip: CRYSTAL BEACH, FL 34681

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

Title: S () Delete
Name: LANG, LIN
Address: 3023 SUNSET DR
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 J. KAPLAN, M.D.

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date