

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025596

FILED
Jan 08, 2010
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: TREA
Name: BLACK, ROBERT A MD
Address: 1345 PLAYMOOR DR
City-St-Zip: PALM HARBOR, FL 34683

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

Title: VP
Name: HOBSON, JONATHAN D MD
Address: 155 SAGE RD
City-St-Zip: CRYSTAL BEACH, FL 34681

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

Title: VP
Name: LANG, LIN
Address: 3023 SUNSET DR
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: PRES
Name: CAMBIER, PATRICK A MD
Address: 625 SOUNDVIEW
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: PATRICK CAMBIER

PRES

01/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date

P9400002559
1-8-10

**ADDITIONAL OFFICERS
COASTAL CARDIOLOGY CONSULTANTS, PA
P94000025596**

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 CAMP, ALAN D.
STREET ADDRESS 5434 MONTE VERDE CT
CITY, ST, ZIP PALM HARBOR, FL. 34685

TITLE: VP
NAME QUICK, KIMBERLY
STREET ADDRESS 316 CRESTWOOD LANE
CITY, ST, ZIP LARGO, FL 33770