

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025596

FILED
Feb 04, 2011
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

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 A. CAMBIER

PRES

02/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date

HEART&VASCULAR ADMIN Fax:727-712-0499

Feb 9 2011 11:30am

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2-4-11

Coastal Cardiology Consultants

Fax Cover Sheet (Fax # 727-712-0499)

To: Sean Toner
From: Rhonda Postiglione
Date: Feb. 9, 2011
Subject: Adding a Sharehold to Annual Report
3 Pages (includes cover sheet)

Coastal Cardiology Consultants, P.A.
Document #: P94000025596

Alan D. Camp, MD – VP
5434 Monte Verde Court
Palm Harbor, FL 34685

Contact Name: Patricia Edgar, 727-723-6582
pedgar@havi-north.com

Thank you,
Rhonda Postiglione
Heart & Vascular
Accounts Payable
727-723-6525
rpostiglione@havi-north.com