

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025596

FILED  
Feb 02, 2012  
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

02/02/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

P94000025596

2-2-12

**Coastal Cardiology Consultants**

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

**To:** Sean Toner  
**From:** Rhonda Postiglione  
**Date:** Feb. 29, 2012  
**Subject:** Adding an officer to Annual Report

**2 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

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Thank you,  
Rhonda Postiglione  
Heart & Vascular  
Accounts Payable  
727-723-6525  
[rpostiglione@havi-north.com](mailto:rpostiglione@havi-north.com)