

P94000025596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

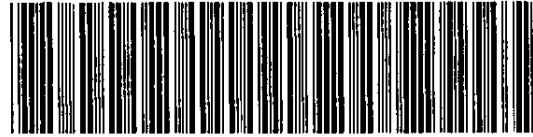
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 26 2012
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*And
x 205
x cc*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Coastal Cardiology Consultants, PA

DOCUMENT NUMBER: P94000025596

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Edgar

Name of Contact Person

Coastal Cardiology Consultants, PA

Firm/ Company

1840 Mease Drive, Suite 200

Address

Safety Harbor, FL 34695

City/ State and Zip Code

pedgar@havi-north.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Postiglione

Name of Contact Person

at (727) 723-6525

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Coastal Cardiology Consultants, P.A .

(Name of Corporation as currently filed with the Florida Dept. of State)

P94000025596

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A _____ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A _____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A _____

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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A _____

(Florida street address)

New Registered Office Address: N/A _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A _____
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	<u>See attached</u>	_____
		<u>List of 16</u>	_____
		<u>Officers</u>	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	<u>Please add</u>	_____
		<u>any officer</u>	_____
		<u>not listed</u>	_____
		<u>currently.</u>	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____		_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____		_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____		_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____		_____

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

16 Officers

SEC

Black, Robert A. M.D.
1345 Playmoor Drive
Palm Harbor, FL 34683

VP

Kovach, Todd A. M.D.
1830 McCauley Road
Clearwater, FL 33765

PRES

Cambier, Patrick A. M.D.
625 Soundview Drive
Palm Harbor, FL 34683

VP

Krolick, Merrill A. D.O.
10316 Longwood Drive
Largo, FL 33777

VP

Camp, Alan D. M.D.
5434 Monte Verde Court
Palm Harbor, FL 34685

VP

Lin, Lang M.D.
3023 Sunset Drive
Belleair Bluffs, FL 33770

VP

Hakki, A-Hamid M.D.
1508 Sturbridge Court
Dunedin, FL 34698

VP

Nguyen, Van O. M.D.
3732 Presidential Drive
Palm Harbor, FL 34685

VP

Hobson, Jonathan D. M.D.
PO Box 1010
Crystal Beach, FL 34681

VP

Quick, Kimberly M. M.D.
316 Crestwood Lane
Largo, FL 33770

VP

Kaplan, Kerry J. M.D.
1522 Silver Moon Lane
Palm Harbor, FL 34683

VP

Steinhoff, Jeff. P. M.D.
110 Driftwood Lane
Largo, FL 33770

VP

Klein, Jesse J. D.O.
1610 Cinnamon Lane
Dunedin, FL 34698

VP

Turker, Stephen D. M.D.
1774 Cross Creek Way
Dunedin, FL 34698

VP

Klonaris, John N. M.D.
2629 Royal Liverpool Drive
Tarpon Springs, FL 34688

VP

Walsh, Ronald L. D.O.
144 Aleta Drive
Belleair Beach, FL 33786

Contact: Patricia Edgar 727-723-6582

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 6-7-12

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

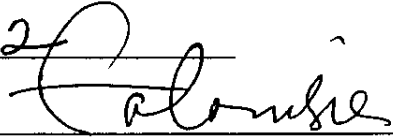
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

“The number of votes cast for the amendment(s) was/were sufficient for approval
by _____.”
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6-7-12
Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Patrick A. Cambier
(Typed or printed name of person signing)

President
(Title of person signing)