

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000938

Entity Name: COASTAL OB/GYN, P.A.

Current Principal Place of Business:

25 DOCTORS DRIVE
PANAMA CITY, FL 32405-4520

Current Mailing Address:

25 DOCTORS DRIVE
PANAMA CITY, FL 32405-4520 US

FEI Number: 59-3233766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORROW, GREGORY KM.D.
25 DOCTORS DRIVE
PANAMA CITY, FL 32405-4520 US

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

Officer/Director Detail :

Title VD
Name MACELUCH, JOHN J
Address 25 DOCTORS DRIVE
City-State-Zip: PANAMA CITY FL 32405-4520

Title PCD
Name MORROW, GREGORY K
Address 25 DOCTORS DRIVE
City-State-Zip: PANAMA CITY FL 32405-4520

Title T
Name MACELUCH, ROBERT W
Address 25 DOCTORS DRIVE
City-State-Zip: PANAMA CITY FL 32405-4520

Title VD
Name EDGEWORTH, DEBORAH J
Address 25 DOCTORS DRIVE
City-State-Zip: PANAMA CITY FL 32405-4520

Title VD
Name MAQUEIRA, JUSTO JR
Address 25 DOCTORS DRIVE
City-State-Zip: PANAMA CITY FL 32405-4520

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: GREGORY K MORROW

04/18/2013

Electronic Signature of Signing Officer/Director Detail

Date