

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000025596

**Entity Name:** COASTAL CARDIOLOGY CONSULTANTS, P.A.

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**4680765883CC**

**Current Principal Place of Business:**

1840 MEASE DR.  
SUITE 200  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

1840 MEASE DR.  
SUITE 200  
SAFETY HARBOR, FL 34695

**FEI Number: 59-3233548**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOLD, AARON JESQ,  
ALLEN DELL, P.A.  
202 S. ROME AVENUE, SUITE 100  
TAMPA, FL 33606 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 VP  
Name BLACK, ROBERT A DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name HOBSON, JONATHAN D DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title SECRETARY  
Name TURKER, STEPHEN D DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name LIN, LANG DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title PRES  
Name CAMBIER, PATRICK AMD  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name CAMP, ALAN D DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name KOVACH, TODD A DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name NGUYEN, VAN O DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

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*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: ROBERT A BLACK**

**VP**

**01/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name QUICK, KIMBERLY M DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name CHENG, WAYNE DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name MOONDRA, VAIBHAV K DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name DAGHER, GEORGES A DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695

Title VP  
Name PATEL, PARAG D DR.  
Address 1840 MEASE DR.  
SUITE 200  
City-State-Zip: SAFETY HARBOR FL 34695