2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2013
Secretary of State
CC4791590371

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Entity Name: COASTAL CARDIOLOGY CONSULTANTS, P.A.

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	S
Name	BLACK, ROBERT AMD
Address	1345 PLAYMOOR DR
City-State-Zip:	PALM HARBOR FL 34683

Title	VP
Name	HOBSON, JONATHAN DMD
Address	P.O. BOX 1010
City-State-Zip:	CRYSTAL BEACH FL 34681

Title	VP
Name	LANG, LIN
Address	3023 SUNSET DR
City-State-Zip:	BELLEAIR BLUFFS FL 33770

Title	VP
Name	CAMP, ALAN D DR.
Address	5434 MONTE VERDE COURT
City-State-Zip:	PALM HARBOR FL 34685

Title	VP
Name	KAPLAN, KERRY JMD
Address	1522 SILVER MOON LANE
City-State-Zip:	PALM HARBOR FL 34683

Title	VP
Name	TURKER, STEPHEN DMD
Address	1774 CROSS CREEK WAY
City-State-Zip:	DUNEDIN FL 34698

Title	PRES
Name	CAMBIER, PATRICK AMD
Address	625 SOUNDVIEW DRIVE
City-State-Zip:	PALM HARBOR FL 34683

Title	VP
Name	HAKKI, A-HAMID DR.
Address	1508 STURBRIDGE COURT
City-State-Zip:	DUNEDIN FL 34698

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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: PATRICK A. CAMBIER PRESIDENT 01/29/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	KLEIN, JESSE J DR.
Address	1610 CINNAMON LANE
City-State-Zip:	DUNEDIN FL 34698

Title	VP
Name	KOVACH, TODD A DR.
Address	1830 MCCAULEY ROAD
City-State-Zip:	CLEARWATER FL 33765

Title	VP
Name	NGUYEN, VAN O DR.
Address	3732 PRESIDENTIAL DRIVE
City-State-Zip:	PALM HARBOR FL 34685

Title	VP
Name	STEINHOFF, JEFF P DR.
Address	110 DRIFTWOOD LANE
City-State-Zip:	LARGO FL 33770

Title	VP
Name	KLONARIS, JOHN N DR.
Address	2629 ROYAL LIVERPOOL DRIVE
City-State-Zip:	TARPON SPRINGS FL 34688

Title	VP
Name	KROLICK, MERRILL A DR.
Address	10316 LONGWOOD DRIVE
City-State-Zip:	LARGO FL 33777

Title	VP
Name	QUICK, KIMBERLY M DR.
Address	316 CRESTWOOD LANE
City-State-Zip:	LARGO FL 33770

Title	VP
Name	WALSH, RONALD L DR.
Address	144 ALETA DRIVE
City-State-Zip:	BELLEAIR BEACH FL 33786