

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025596

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 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

02/02/2021

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