### 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025596

Entity Name: COASTAL CARDIOLOGY CONSULTANTS, P.A.

**FILED** Jan 27, 2023 **Secretary of State** 5713711197CC

## **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 Title

Name BLACK, ROBERT A DR. Name HOBSON, JONATHAN D DR.

Address 1840 MEASE DR. Address 1840 MEASE DR.

SUITE 200 SUITE 200

City-State-Zip: SAFETY HARBOR FL 34695 City-State-Zip: SAFETY HARBOR FL 34695

Title **SECRETARY** Title

Name TURKER, STEPHEN D DR. Name LIN, LANG DR. Address 1840 MEASE DR. Address 1840 MEASE DR.

SUITE 200 SUITE 200

City-State-Zip: SAFETY HARBOR FL 34695 City-State-Zip: SAFETY HARBOR FL 34695

Title **PRES** Title

CAMBIER, PATRICK AMD CAMP, ALAN D DR. Name Name

1840 MEASE DR. Address Address 1840 MEASE DR.

SUITE 200 SUITE 200

City-State-Zip: SAFETY HARBOR FL 34695 City-State-Zip: SAFETY HARBOR FL 34695

VΡ Title ٧P Title

Name KOVACH, TODD A DR. Name NGUYEN. VAN O DR. Address

1840 MEASE DR. Address 1840 MEASE DR. SUITE 200 SUITE 200

SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 City-State-Zip: City-State-Zip:

# Continues on page 2

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.

01/27/2023 SIGNATURE: PARAG PATEL VP

## 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