

2013 FLORIDA PROFIT CORPORATION AMENDED 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	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****08/09/2013**_____
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 DAGHER, GEORGES A
Address 1840 MEASE DR.
SUITE 200
City-State-Zip: SAFETY HARBOR FL 34695

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