2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR -8 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 689801 AMENDED

1. Entity Name

COASTAL CARDIOVASCULAR AND THORACIC ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
588 STERTHAUS AVE ORMOND BCH FL 32174	588 STERTHAUS AVE ORMOND BCH FL 32174

03/28/02-90355-015 $61.25

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2028748 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~JOHNSON, WILLIAM H III~~ R. SAMUEL CROMARTIE III, MD	Name →
588 STERTHAUS AVE	Street Address (P.O. Box Number is Not Acceptable) 588 STERTHAUS AVE
ORMOND BCH FL 32174	City ORMOND BEACH FL Zip Code 32174

8. 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 R S Cromartie III MD DATE 3/14/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLT, JOHN B 182 RIVERSIDE DR. ORMOND BEACH FL 32176	☐ Delete	DIRECTOR / SECRETARY	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CROMARTIE, R. SAMUEL III 236 JOHN ANDERSON DR ORMOND BEACH FL	☐ Delete	DIRECTOR / PRESIDENT	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WUAMETT, JAMES D. 769 N. BEACH STREET ORMOND BCH. FL	☐ Delete	DIRECTOR / Vice PRESIDENT	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOHNSON, WILLIAM H III 410 MAIN TR ORMOND BCH FL	☐ Delete	DIRECTOR / TREASURER	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DIRECTOR BRADLEY S. LITKE 26 LAUREL RIDGE BREAK ORMOND BEACH, FL 32174	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R S Cromartie III MD 3-14-2002 386-672-9501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #