2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689801 AMENDED

1. Entity Name
COASTAL CARDIOVASCULAR AND THORACIC ASSOCIATES, P.A.

FILED
02 APR -8 PM 6:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/28/02-90355-015 $61.25

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

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 — 3/14/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 #

CR2E034 (9/01)