

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 689801

FILED
Feb 17, 2005
Secretary of State

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

Current Principal Place of Business:

588 STERTHAUS AVE
ORMOND BCH, FL 32174

New Principal Place of Business:

Current Mailing Address:

588 STERTHAUS AVE
ORMOND BCH, FL 32174

New Mailing Address:

FEI Number: 59-2028748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROMARTIE, R. SAMUEL III, MD
588 STERTHAUS AVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HOLT, JOHN B
Address: 182 RIVERSIDE DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD () Delete
Name: CROMARTIE, R. SAMUEL, III
Address: 236 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD () Delete
Name: WUAMETT, JAMES D.,
Address: 769 N. BEACH STREET
City-St-Zip: ORMOND BCH., FL 32174

Title: TD () Delete
Name: JOHNSON, WILLIAM H I, II
Address: 410 MAIN TR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: LITKE, BRADLEY S
Address: 26 LAUREL RIDGE BREAK
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: R. SAMUEL CROMARTIE III, M.D.

PD

02/17/2005

Electronic Signature of Signing Officer or Director

Date