

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 689801

FILED  
Jan 12, 2009  
Secretary of State

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

## Current Principal Place of Business:

588 STERTHAUS AVE  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

588 STERTHAUS AVE  
ORMOND BEACH, FL 321745128 US

## Current Mailing Address:

588 STERTHAUS AVE  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

588 STERTHAUS AVE  
ORMOND BEACH, FL 321745128 US

FEI Number: 59-2028748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WUAMETT, JAMES D MD  
588 STERTHAUS AVE  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

WUAMETT, JAMES D MD  
588 STERTHAUS AVE  
ORMOND BEACH, FL 321745128 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:

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WUAMETT, JAMES D M.D.  
Address: 769 N. BEACH ST.  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VD ( ) Delete  
Name: JOHNSON, WILLIAM H., III, M.D.  
Address: 410 MAIN TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174 US

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

Title: D ( ) Delete  
Name: LITKE, BRADLEY S., M.D.  
Address: 400 LEEWAY TR.  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D ( ) Delete  
Name: DESAI, UTPAL S., M.D.,  
Address: 176 ROYAL DUNES BLVD.  
City-St-Zip: ORMOND BEACH, FL 32176 US

## 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 exemption stated in Chapter 119, 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: JAMES D. WUAMETT, M.D.

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date