# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2011**
**Secretary of State**

DOCUMENT# 689801

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

**Current Principal Place of Business:**

588 STERTHAUS AVE
ORMOND BEACH, FL 321745128 US

**New Principal Place of Business:**

**Current Mailing Address:**

588 STERTHAUS AVE
ORMOND BEACH, FL 321745128 US

**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:**

JOHNSON, III, WILLIAM H MD
588 STERTHAUS AVE
ORMOND BEACH, FL 321745128 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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: JOHNSON, III, WILLIAM H M.D.
Address: 410 MAIN TR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP1
Name: WUAMETT, JAMES D M.D.
Address: 769 S BEACH ST
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP2
Name: HOLT, JOHN B M.D.
Address: 182 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176 US

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

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

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: VICKY L. BROWNING MGR 01/10/2011

Electronic Signature of Signing Officer or Director — Date