


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2006 08:00 AM  
Secretary of State

DOCUMENT # K21728	
1. Entity Name COASTAL CARDIOVASCULAR SURGEONS, P.A.	

Principal Place of Business 801 E SIXTH STREET SUITE 309 PANAMA CITY FL 32401 US	Mailing Address 801 E SIXTH STREET SUITE 309 PANAMA CITY FL 32401 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  JOHN M. KESSINGER 801 E. SIXTH STREET SUITE 309 PANAMA CITY FL 32401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. I am familiar with, and agree, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May E Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSINGER, JOHN M 801 E. SIXTH STREET PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 000000408942 02/08/06-80071-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEY, NORMAN R 801 E SIXTH STREET., SUITE 309 PANAMA CITY FL 32401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John M. Kessinger JOHN M. KESSINGER 1/30/06 8807859579  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #