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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K95378 (1)

1. Corporation Name
COASTAL MEDICAL ASSOCIATES, INC.



Principal Place of Business Mailing Address
LEVIN, HERBERT, I., D.O.
4530 RIDGEWOOD AVE.
PORT ORANGE FL 32127
US
LEVIN, HERBERT, I.
P.O. BOX 250723
HOLLY HILL FL 32125-0723
US

3. Date Incorporated or Qualified 06/13/1989 3a. Date of Last Report 04/16/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-2952811 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

LEVIN, HERBERT I.
645 RIDGEWOOD AVENUE
HOLLY HILL FL 32017

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sign name, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	LEVIN, HERBERT I.	1.2 NAME	
STREET ADDRESS	645 RIDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	JOHN LEVIN	2.2 NAME	
STREET ADDRESS	645 RIDGEWOOD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	2.4 CITY-ST-ZIP	
TITLE	PS	3.1 TITLE	
NAME	LEVIN, BETSY	3.2 NAME	
STREET ADDRESS	645 RIDGEWOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* 3/24/97 904258-5227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)