

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 01 1998 8:00am  
Secretary of State

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**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	06/13/1989	59-2952811	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8.75 Additional Fee Required	
22	27			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees	
23	28			
Zip	Zip	Country	Country	
24	25	29	30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEVIN, HERBERT I. 645 RIDGEWOOD AVENUE HOLLY HILL FL 32017		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 \_\_\_\_\_ (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		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 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ 3/27/98

CR2E034 (1097)