2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K95378 1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State

01 13 2003 00118 013 ***150 00

COASTAL MEDICAL ASSOCIATES, INC.						130.00			
LEVIN. HER 4530 RIDGE PORT ORAF US	lace of Business RBERT. I D.O. EWOOD AVE. NGE FL 32127	Mailing Address LEVIN. HERBERT. 1. 4530 RIDGEWOOD PORT ORANGE FL 32127 US							
2. Principal	I Place of Business		ing Address		<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Number			
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country	· · · · · · · · · · · · · · · · · · ·	59	9-2952811		Not Applicable
	6. Name and Address of Curren	t Registered	Agent	 _		5. Certificate of Stat		Fee Requ	ired
			- Agent	 7	Vame	-7. Name and Addre	ss of New Registe	red Agent	
	IERBERT I.		Street Address			(P.O. Box Number is Not Acceptable)			
,	GEWOOD AVENUE		Street Address			O. Box Number is No	t Acceptable)		
HOLLY F	HLL FL 32017								
					City			Zip Co	ode
8. The above	e named entity submits this statement fations of registered agent.	or the purpos	se of changing its	s registered o	office or registere	ed agent, or both, in the	State of Florida		
ine obliga	itions of registered agent.			·		a agont or both, in the	e state of Florida. 1	am ramınar witi	i, and accept
SIGNATURE	_ ysetsy	-evi		m			j	-3-0	2
<u> </u>	Signature, typed or printed name of registered agent	and title if applica	able. (NOT	E: Registered Age	ent signature required v	when reinstating)	DA	TE	
Afte Make Checi	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			~	9. Election C. Trust Fund	ampaign Financing Contribution.	\$5. Adde	00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	3	11.		ADDITIONS/CHANG	SES TO OFFICERS A	AND DIRECTOR	3S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVIN, HERBERT I. 645 RIDGEWOOD AVE. HOLLY HILL FL		☐ Delete	TITLE NAME STREET AD CITY-ST-Z				· Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN LEVIN 645 RIDGEWOOD AVE HOLLY HILL FL	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADI CITY-ST-Z				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PS LEVIN, BETSY 645 RIDGEWOOD AVE HOLLY HILL FL		☐ Delete ¯¯	TITLE NAME STREET ADD CITY-ST-ZI	· 1			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADO CITY-ST-ZII	i		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	i i			Change	Addition
TITLE NAME STREET ADORESS			☐ Delete	TITLE NAME STREET ADDR	-			☐ Change	☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

386-788-1881