FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90737 014 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086840 ✓

1. Entity Name
COASTAL INTERNAL MEDICINE SPECIALISTS

DO NOT WRITE IN THIS SPACE

B0061887

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5248 REDCEDAR DR unit 102	5248 REDCEDAR DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. UNIT 102
City & State FT MYERS FL	City & State FT MYERS FL
Zip 33907 Country LEE	Zip 33907 Country

4. FEI Number 65-1039449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ALLEN JACOBS

Street Address (P.O. Box Number is Not Acceptable) 1504 SW 57 TERR

City CAPE CORAL FL Zip Code 33914

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.

SIGNATURE [signature] M.D. 3.27.02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	MARILYN KOLE MD	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	BRIAN MARTIN DO	NAME	
STREET ADDRESS	6689 HIGHLAND PINES CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	
NAME	ALLEN JACOBS MD	NAME	
STREET ADDRESS	1504 SW 57 TERR	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3.27.02 941 936-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #