

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086846

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** COASTAL INTERNAL MEDICINE SPECIALISTS, P.A.

**Current Principal Place of Business:**

5248 REDCEDAR DRIVE  
UNIT 102  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

5248 REDCEDAR DRIVE  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-1039449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, ALLEN  
1504 SE 57 TERR  
CAPE CORAL, FL 33914

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: JACOBS, ALLEN T  
Address: 1504 SW 57 TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD ( ) Delete  
Name: KOLE, MARILYN  
Address: 13777 PINE VILLA LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: VD ( ) Delete  
Name: MARTIN, BRIAN G  
Address: 6689 HIGHLAND PINES CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ALLEN T JACOBS

TD

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date