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: | | New Principal Place of Business: | | |
|--|--|--|--|---|
| NIT 102 | CEDAR DRIVE | | | |
| ORT MY | ERS, FL 3390 ⁻ | 7 | | |
| urrent N | lailing Addres | ss: | New Mailing Addres | s: |
| | CEDAR DRIVE ERS, FL 3390 | | | |
| El Number | : 65-1039449 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| ame and | I Address of C | urrent Registered Agent: | Name and Address of | of New Registered Agent: |
| ACOBS, 504 SE 5 | | | | |
| APE CO | RAL, FL 33914 | 4 | | |
| ne above | , | | purpose of changing its registere | ed office or registered agent, or both, |
| he above the State | named entity se of Florida. | | purpose of changing its registere | ed office or registered agent, or both, |
| ne above the State | e named entity see of Florida. | | | ed office or registered agent, or both, |
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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