2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000086846

1. Entity Name
COASTAL INTERNAL MEDICINE SPECIALISTS, P.A.

Principal Place of Business	Mailing Address
5248 RED CEDAR DRIVE UNIT 102 FORT MYERS, FL 33907	5248 RED CEDAR DRIVE FORT MYERS, FL 33907

01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1039449

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000001420923
02/16/06-80016-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	JACOBS, ALLEN T
STREET ADDRESS	1504 SW 57 TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	PD
NAME	KOLE, MARILYN
STREET ADDRESS	13777 PINE VILLA LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	VD
NAME	MARTIN, BRIAN G
STREET ADDRESS	6689 HIGHLAND PINES CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/2/06 239 936-717