

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000086846

FILED
Jun 09, 2006
Secretary of State

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

Current Principal Place of Business:

5248 RED CEDAR DRIVE
UNIT 102
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

5248 RED CEDAR 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 US

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

OFFICERS AND DIRECTORS:

Title: STD () 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: VD (X) Change () Addition
Name: HEMED, IRIT
Address: 5248 RED CEDAR DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: PD (X) Change () Addition
Name: MARTIN, BRIAN G
Address: 6689 HIGHLAND PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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, M.D.

STD

06/09/2006

Electronic Signature of Signing Officer or Director

Date