

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000086846

FILED
Feb 22, 2012
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
UNIT 102
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
Name: JACOBS, ALLEN T
Address: 1504 SW 57 TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD
Name: HEMED, IRIT
Address: 5248 RED CEDAR DRIVE
City-St-Zip: FORT MYERS, FL 33907

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

Title: MD
Name: ISRAEL-CVIK, JELIN
Address: 15630 OLD WEDGEWOOD CT.
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: ALLEN JACOBS

STD

02/22/2012

Electronic Signature of Signing Officer or Director

Date