

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086946

Entity Name: COASTAL CARDIOLOGY, P.A.

FILED  
Jan 05, 2006  
Secretary of State

## Current Principal Place of Business:

16201 BASS ROAD, #304  
FORT MYERS, FL 33908

## New Principal Place of Business:

16281 BASS ROAD, #304  
FORT MYERS, FL 33908

## Current Mailing Address:

16201 BASS ROAD, #304  
FORT MYERS, FL 33908

## New Mailing Address:

16281 BASS ROAD, #304  
FORT MYERS, FL 33908

FEI Number: 20-3011763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CONRAD, JAMES A  
16201 BASS ROAD, #304  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

CONRAD, JAMES A  
16281 BASS ROAD, #304  
FORT MYERS, FL 33908 US

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:

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LEE, STEVEN  
Address: 7400 HERITAGE PALMS ESTATES DR.  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: GROHOWSKI, ROBERT  
Address: 7407 HERITAGE PALMS ESTATES DR.  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: CONRAD, JAMES A  
Address: 9041 LIGON COURT  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LEE, STEVEN T  
Address: 7400 HERITAGE PALMS ESTATES DR.  
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change ( ) Addition  
Name: GROHOWSKI, ROBERT M  
Address: 7407 HERITAGE PALMS ESTATES DR.  
City-St-Zip: FORT MYERS, FL 33912

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 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: STEVEN T LEE

D

01/05/2006

Electronic Signature of Signing Officer or Director

Date