2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# P05000086946

Entity Name: COASTAL CARDIOLOGY, P.A.

Current Principal Place of Business:

16261 BASS ROAD, #300
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16261 BASS ROAD, #300
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-3011763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONRAD, JAMES A
16261 BASS ROAD, #300
FORT MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEE, STEVEN T
Address: 7400 HERITAGE PALMS ESTATES DR.
City-St-Zip: FORT MYERS, FL 33966

Title: D ( ) Delete
Name: GROHOWSKI, ROBERT M
Address: 7407 HERITAGE PALMS ESTATES DR.
City-St-Zip: FORT MYERS, FL 33966

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: TASCHNER, BRIAN C
Address: 11103 SIERRA PALM COURT
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A CONRAD DR 01/11/2008

Electronic Signature of Signing Officer or Director Date