2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# P05000086946

Entity Name: COASTAL CARDIOLOGY, P.A.

Current Principal Place of Business:

16261 BASS ROAD, #300
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

16261 BASS ROAD, #300
FORT MYERS, FL 33908 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD.
FORT MYERS, FL 33919 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: D
Name: LEE, STEVEN T
Address: 16261 BASS RD SUITE 300.
City-St-Zip: FORT MYERS, FL 33908 US

Title: D
Name: GROHOWSKI, ROBERT M
Address: 16261 BASS RD SUITE 300
City-St-Zip: FORT MYERS, FL 33908 US

Title: D
Name: CONRAD, JAMES A
Address: 16261 BASS RD SUITE 300
City-St-Zip: FORT MYERS, FL 33908 US

Title: D
Name: TASCHNER, BRIAN C
Address: 16261 BASS RD SUITE 300
City-St-Zip: FORT MYERS, FL 33908 US

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: STEVEN T LEE D 03/15/2011

Electronic Signature of Signing Officer or Director Date