2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000938

Entity Name: COASTAL OB/GYN, P.A.

City-St-Zip: PANAMA CITY, FL 32401

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	(ING BOULE\ CITY, FL 324				
Current N	lailing Addre	ess:	New Mailing Address	New Mailing Address:	
600 M.L. K PANAMA					
FEI Number	: 59-3233766	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
600 M.L. K	CH, ROBERT (ING BOULE) CITY, FL 324	/ARD			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financi	ng Trust Fund Contribution ().			
OFFICER	S AND DIRE	CTORS:	ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MACELUCH,	3 BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORROW, G	3 BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MACELUCH,	3 BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORROW, K	3 BOULEVARD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	EDGEWORT) Delete H, DEBORAH J G BOULEVARD	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: R.W.MACELUCH T 04/30/2008