

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

1082

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000003956 (5)**

1. Corporation Name

COASTAL SURGICAL, INC.

FILED
98 FEB 17 PM 2:20
SECRETARY OF STATE
TALLAHASSEE



Principal Place of Business

Mailing Address

**4506 L.B. MCLEOD RD.
SUITE F
ORLANDO FL 32811**

**PO BOX 53-6576
ORLANDO FL 32853-6576**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

59-3353021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIGGS, STEPHEN P
4506 LB MCLEOD ROAD
SUITE F
ORLANDO FL 32811**

81

Name

Corporation Service Company

82

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84

City

Tallahassee

FL

85

Zip Code

32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Karen B. Rozar, As Its Agent

Signature, typed or printed name of registered agent and to whom it is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PAS** ☐ DELETE

NAME **GRIGGS, STEPHEN P**
STREET ADDRESS **4506 L.B. MCLEOD RD., STE. F**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE

**D/P
Stephen P. Griggs**

☒ Change ☐ Addition

TITLE **STD** ☒ DELETE

NAME **IRISH, REBECCA R**
STREET ADDRESS **4506 L.B. MCLEOD RD., STE. F**
CITY-ST-ZIP **ORLANDO FL**

1.2 NAME

**VP
Janet L. Ziomek
4506 L.B. Mcleod Rd., Suite F
Orlando, Fl 32811**

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS

**5
H. Scott Novell
4506 L.B. Mcleod Rd., Suite F
Orlando, FL 32811**

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

**D
Marc Levin
10065 Red Run Blvd.
Owings Mills, MD 21117**

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

**D
Marshall Elkins
10065 Red Run Blvd.
Owings Mills, MD 21117**

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002432915--8

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 9:32 AM

ORDER NO. : 708230-425

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

RECEIVED
98 FEB 17 AM 10:51
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: COASTAL SURGICAL, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

JB
2-17-98