

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

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**Feb 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000013245 (1)**

1. Corporation Name  
**COASTAL FAMILY MEDICINE, INC.**



Principal Place of Business: **3075 NORTHEAST 190TH STREET, SUITE 101 AVENTURA FL 33180**  
Mailing Address: **3075 NORTHEAST 190TH STREET, SUITE 101 AVENTURA FL 33180-3159**

3. Date Incorporated or Qualified: **02/08/1996**  
3a. Date of Last Report

2. Principal Place of Business 21 <b>5700 SW 58 PLACE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5700 SW 58 PLACE</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0646758</b>	Applied For Not Applicable
22 City & State <b>So. Miami, Florida</b>	27 City & State <b>So. Miami, Florida</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip <b>33143</b>	28 Zip <b>33143</b>	29 Country <b>DADE</b>	30 Country <b>DADE</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**NOGUES, MARIA C  
3075 NORTHEAST 190TH STREET, SUITE 101  
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NOGUES, MARIA C</b>
STREET ADDRESS	<b>3075 NORTHEAST 190TH STREET, SUITE 101</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NOGUES, RAFAEL</b>
STREET ADDRESS	<b>3075 NORTHEAST 190TH STREET, SUITE 101</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5700 SW 58 PLACE</b>
1.4 CITY-ST-ZIP	<b>So. Miami, Florida 33143</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5700 SW 58 PLACE</b>
2.4 CITY-ST-ZIP	<b>So. Miami, Florida 33143</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Maria C. Noguez* **MARIA C. NOGUES** 1/31/97 305-669-2558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)