

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

COASTAL DIAGNOSITO SERVICES INC

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90059 009 \*\*\*150.00

COASTAI	L DIAGNOSTIC SERVICES,	, IIIO:	_		
Principal Place	e of Business	Mailing Address		I IMMITSMI 1500 10011 00111 00111 00111 00111	iði tiðði fatta talah atti jaki tanı
4420 DUNMORE	AVENUE	4420 DUNMORE AVENUE			
#8 #8 TAMPA FL 33611 TAMPA FL 33611			DO NOT WRITE IN TI	HIS SPACE	
TAMPA FL 33611 TAMPA FL 33611				3. Date Incorporated or Qualifed	
				02/28/1997	
	lace of Business	2a. Mailing Address	1 11	4. FEI Number	Applied For
21 /400 /	Hancock Blvd.	26 1400 Hancec	k Dlvd.	59-3429434	Not Applicable
Suite, Apt.	#, etc. <b>07</b>	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	Ma Beach FL	28 Day toka Beau	ch FL	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	2/14 25 //SA	zip / 32114 [	Country 30 //SA	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No
24 30	9. Name and Address of Curre		30 /- 3/	10. Name and Address of New Register	ed Agent
4420 #8 TAMI	IKO, EDWARD J DUNMORE AVENUE PA FL 33611		83 84 City	1900 Hancack Blvd  aykona Beach F	# 407 -L   85   75   501   4
office or nagent. I a	davard James	V/all	thorized by the corporation Statutes.  Registered Agent signature require	portion submits this statement for the purpose ton's board of directors. I hereby accept the appearance of the purpose accept the appearance of the purpose	pointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARKO, EDWARD J JR		1.2 NAME		
STREET ADDRESS	4420 DUNMORE AVE, #8		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL 33611	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME		_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		Dipage Daddin
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		• ,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE		□ perfit	5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<u></u>	6.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS	1		64 CITY-ST-ZIP		

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 suppliemental 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 with all dither like empowered.

SIGNATURE: