

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019233

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** COASTAL JAW SURGERY OF NEW PORT RICHEY, P.A.

**Current Principal Place of Business:**

6731 MADISON STREET  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

6731 MADISON STREET  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-3432739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERGER, TODD E ESQ.  
7310 GULF BLVD  
ST. PETE BEACH, FL 33706 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** PIKOS, MICHAEL A  
**Address:** 2711 TAMPA RD  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** DP (X) Delete  
**Name:** MITCHELL, MARK W DDS  
**Address:** 6731 MADISON STREET  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DP (X) Change ( ) Addition  
**Name:** MITCHELL, MARK W DDS  
**Address:** 6731 MADISON STREET  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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.

**SIGNATURE:** MARK W MITCHELL DDS

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03/26/2009

Electronic Signature of Signing Officer or Director

Date