

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90007 013 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                           |                                                                                                                                                  |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P97000086126</b><br>1. Entity Name<br><b>INTERCOASTAL MEDICAL GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                                           |                                                                                                                                                  |  |  |
| Principal Place of Business<br><b>943 S BENEVA RD, SUITE 306<br/>SARASOTA, FL 34232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                           | Mailing Address<br><b>943 S BENEVA RD, SUITE 306<br/>SARASOTA, FL 34232</b>                                                                      |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |                                                                                                                                                  |                                                                                   |  |
| 4. FEI Number<br><b>65-0784345</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                           |                                                                                                                                                  | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                           |                                                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SIMON, GEOFFREY G<br/>943 S BENEVA RD, SUITE 306<br/>SARASOTA, FL 34232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |                                                                                   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                           |                                                                                                                                                  |                                                                                   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent or officer if applicable      (If "OFF" Designated Agent, signature required when considering      DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                           |                                                                                                                                                  |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                            |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>STEELE, JOHN M<br>943 S. BENOVA RD. #204<br>SARASOTA, FL 34232       | <input type="checkbox"/> Delete                                                           |                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>HOLLEN, CHARLES R<br>3333 CATTLEMEN RD., #208<br>SARASOTA, FL 34232 | <input type="checkbox"/> Delete                                                           |                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>QUARLES, PETER R<br>921 S BEBEVA RD<br>SARASOTA, FL 34232            | <input type="checkbox"/> Delete                                                           |                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>MCBRIDE, ANN<br>3333 CATTLEMEN RD<br>SARASOTA, FL 34232              | <input type="checkbox"/> Delete                                                           |                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>POWELL, RANDY<br>921 S BENEVA RD<br>SARASOTA, FL 34232               | <input type="checkbox"/> Delete                                                           |                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>ARNE, THOMAS JR<br>2881 HYDE PARK STREET<br>SARASOTA, FL 34239       | <input type="checkbox"/> Delete                                                           |                                                                                                                                                  |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                           |                                                                                           | SEE ATTACHED<br>FOR ADDITIONS / DELETIONS                                                                                                        |                                                                                   |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                           | DR. JOHN M. STEELE      3-26-08      941 955 1108<br><small>Date      Telephone #</small>                                                        |                                                                                   |  |

# ATTACHMENT

40056238

# P97000086126

Intercoastal Medical Group, Inc.  
Document # P97000086126

## SECTION 10. Officers and Directors

|                |                    |
|----------------|--------------------|
| Title          | P                  |
| Name           | Steele, John       |
| Street Address | 943 S Beneva # 204 |
| City State Zip | Sarasota FL 34232  |

|                |                         |
|----------------|-------------------------|
| Title          | VP                      |
| Name           | Hollen, Charles R.      |
| Street Address | 3333 Cattlemen Rd # 208 |
| City State Zip | Sarasota FL 34232       |

|                |                   |
|----------------|-------------------|
| Title          | S                 |
| Name           | Quarles, Peter R. |
| Street Address | 921 S Beneva Rd   |
| City State Zip | Sarasota FL 34232 |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Pober, Iren J.          |
| Street Address | 3333 Cattlemen Rd # 202 |
| City State Zip | Sarasota FL 34232       |

|                |                   |
|----------------|-------------------|
| Title          | V                 |
| Name           | Powell, Randy B.  |
| Street Address | 921 S Beneva Rd   |
| City State Zip | Sarasota FL 34232 |

|                |                   |
|----------------|-------------------|
| Title          | V                 |
| Name           | Arne, E. Thomas   |
| Street Address | 2881 Hyde Park St |
| City State Zip | Sarasota FL 34239 |

DELETE

|                |                                |
|----------------|--------------------------------|
| Title          | V                              |
| Name           | Baten, Charles A.              |
| Street Address | 8340 Lakewood Ranch Blvd # 210 |
| City State Zip | Bradenton FL 34202             |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Binns, John O.          |
| Street Address | 3333 Cattlemen Rd # 208 |
| City State Zip | Sarasota FL 34232       |

|                |                     |
|----------------|---------------------|
| Title          | V                   |
| Name           | Bramante, Joseph L. |
| Street Address | 943 S Beneva # 113  |
| City State Zip | Sarasota FL 34232   |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Byers, Matthew D.       |
| Street Address | 3333 Cattlemen Rd # 204 |
| City State Zip | Sarasota FL 34232       |

|                |                    |
|----------------|--------------------|
| Title          | V                  |
| Name           | Concha, Mauricio   |
| Street Address | 943 S Beneva # 102 |
| City State Zip | Sarasota FL 34232  |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Creevy, Joseph J.       |
| Street Address | 3333 Cattlemen Rd # 210 |
| City State Zip | Sarasota FL 34232       |

|                |                   |
|----------------|-------------------|
| Title          | V                 |
| Name           | Daiello, David C. |
| Street Address | 2881 Hyde Park St |
| City State Zip | Sarasota FL 34239 |

## SECTION 11. Additions/Changes

|                |                   |
|----------------|-------------------|
| Title          | VP                |
| Name           | Arroyo, Reinaldo  |
| Street Address | 2881 Hyde Park St |
| City State Zip | Sarasota FL 34239 |

ADDITION

|                |                         |
|----------------|-------------------------|
| Title          | VP                      |
| Name           | Stevens, Scott          |
| Street Address | 3333 Cattlemen Rd # 206 |
| City State Zip | Sarasota FL 34232       |

ADDITION

Intercoastal Medical Group, Inc.  
Document # P97000086126

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SECTION 10. Officers and Directors

SECTION 11. Additions/Changes

|                |                      |
|----------------|----------------------|
| Title          | V                    |
| Name           | Dinenberg, Arthur S. |
| Street Address | 943 S Beneva # 210   |
| City State Zip | Sarasota FL 34232    |

|                |                    |
|----------------|--------------------|
| Title          | V                  |
| Name           | Dinenberg, William |
| Street Address | 943 S Beneva # 210 |
| City State Zip | Sarasota FL 34232  |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Duckworth, Richard S.   |
| Street Address | 3333 Cattlemen Rd # 210 |
| City State Zip | Sarasota FL 34232       |

|                |                    |
|----------------|--------------------|
| Title          | V                  |
| Name           | Elsishans, Phyllis |
| Street Address | 2881 Hyde Park St  |
| City State Zip | Sarasota FL 34239  |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Gabriel, Bonnie L.      |
| Street Address | 3333 Cattlemen Rd # 208 |
| City State Zip | Sarasota FL 34232       |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Golub, Richard W.       |
| Street Address | 3333 Cattlemen Rd # 206 |
| City State Zip | Sarasota FL 34232       |

|                |                                |
|----------------|--------------------------------|
| Title          | V                              |
| Name           | Grice, Josette                 |
| Street Address | 8340 Lakewood Ranch Blvd # 210 |
| City State Zip | Bradenton FL 34202             |

|                |                   |
|----------------|-------------------|
| Title          | V                 |
| Name           | Harris, Lee S.    |
| Street Address | 2881 Hyde Park St |
| City State Zip | Sarasota FL 34239 |

|                |                                |
|----------------|--------------------------------|
| Title          | V                              |
| Name           | Huin, Alexandre W.             |
| Street Address | 8340 Lakewood Ranch Blvd # 210 |
| City State Zip | Bradenton FL 34202             |

|                |                        |
|----------------|------------------------|
| Title          | V                      |
| Name           | Johnson, Harold        |
| Street Address | 8592 Potter Park Drive |
| City State Zip | Sarasota FL 34238      |

|                |                     |
|----------------|---------------------|
| Title          | V                   |
| Name           | Kelley, III, Joe T. |
| Street Address | 943 S Beneva # 201  |
| City State Zip | Sarasota FL 34232   |

|                |                   |
|----------------|-------------------|
| Title          | V                 |
| Name           | King, Stella O.   |
| Street Address | 921 S Beneva Rd   |
| City State Zip | Sarasota FL 34232 |

DELETE

|                |                        |
|----------------|------------------------|
| Title          | V                      |
| Name           | Larkin, Jr., Joseph J. |
| Street Address | 8592 Potter Park Drive |
| City State Zip | Sarasota FL 34238      |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Marcantonio, Robert G.  |
| Street Address | 3333 Cattlemen Rd # 208 |
| City State Zip | Sarasota FL 34232       |

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## SECTION 10. Officers and Directors

|                |                     |
|----------------|---------------------|
| Title          | V                   |
| Name           | McBride, Michael B. |
| Street Address | 921 S Beneva Rd     |
| City State Zip | Sarasota FL 34232   |

|                |                        |
|----------------|------------------------|
| Title          | V                      |
| Name           | McCarren, Vicki R.     |
| Street Address | 8592 Potter Park Drive |
| City State Zip | Sarasota FL 34238      |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Morse, Richard S.       |
| Street Address | 3333 Cattlemen Rd # 202 |
| City State Zip | Sarasota FL 34232       |

|                |                       |
|----------------|-----------------------|
| Title          | V                     |
| Name           | Oettinger, Jeffrey M. |
| Street Address | 943 S Beneva # 210    |
| City State Zip | Sarasota FL 34232     |

|                |                        |
|----------------|------------------------|
| Title          | V                      |
| Name           | Olson, David S.        |
| Street Address | 8592 Potter Park Drive |
| City State Zip | Sarasota FL 34238      |

|                |                        |
|----------------|------------------------|
| Title          | V                      |
| Name           | Pail, Dennis S.        |
| Street Address | 8592 Potter Park Drive |
| City State Zip | Sarasota FL 34238      |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Perez, Jesus            |
| Street Address | 3333 Cattlemen Rd # 104 |
| City State Zip | Sarasota FL 34232       |

|                |                   |
|----------------|-------------------|
| Title          | V                 |
| Name           | Rabins, Sy        |
| Street Address | 921 S Beneva Rd   |
| City State Zip | Sarasota FL 34232 |

|                |                     |
|----------------|---------------------|
| Title          | V                   |
| Name           | Ramos-Rivera, Diego |
| Street Address | 921 S Beneva Rd     |
| City State Zip | Sarasota FL 34232   |

|                |                   |
|----------------|-------------------|
| Title          | V                 |
| Name           | Rubin, Phillip S. |
| Street Address | 921 S Beneva Rd   |
| City State Zip | Sarasota FL 34232 |

|                |                    |
|----------------|--------------------|
| Title          | V                  |
| Name           | Ruffing, Kyle W.   |
| Street Address | 943 S Beneva # 102 |
| City State Zip | Sarasota FL 34232  |

|                |                          |
|----------------|--------------------------|
| Title          | V                        |
| Name           | Schwartzbaum, Leonard R. |
| Street Address | 943 S Beneva # 102       |
| City State Zip | Sarasota FL 34232        |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Soussou, Issam D.       |
| Street Address | 3333 Cattlemen Rd # 206 |
| City State Zip | Sarasota FL 34232       |

|                |                    |
|----------------|--------------------|
| Title          | V                  |
| Name           | Toomre, Krista A.  |
| Street Address | 943 S Beneva # 204 |
| City State Zip | Sarasota FL 34232  |

## SECTION 11. Additions/Changes

Intercoastal Medical Group, Inc.  
Document # P97000086126

**ATTACHMENT**  
40056238  
# P97000086126

**SECTION 10. Officers and Directors**

**SECTION 11. Additions/Changes**

|                |                      |
|----------------|----------------------|
| Title          | V                    |
| Name           | Turton, Frederick E. |
| Street Address | 2881 Hyde Park St    |
| City State Zip | Sarasota FL 34239    |

DELETE

|                |                    |
|----------------|--------------------|
| Title          | V                  |
| Name           | Weinberg, Marc L.  |
| Street Address | 943 S Beneva # 204 |
| City State Zip | Sarasota FL 34232  |

|                |                    |
|----------------|--------------------|
| Title          | V                  |
| Name           | Wiseman, Rickey R. |
| Street Address | 2881 Hyde Park St  |
| City State Zip | Sarasota FL 34239  |

|                |                   |
|----------------|-------------------|
| Title          | V                 |
| Name           | Yaryura, Richardo |
| Street Address | 2881 Hyde Park St |
| City State Zip | Sarasota FL 34239 |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Yenari, Jon             |
| Street Address | 3333 Cattlemen Rd # 200 |
| City State Zip | Sarasota FL 34232       |

|                |                         |
|----------------|-------------------------|
| Title          | V                       |
| Name           | Yohn, Joseph J.         |
| Street Address | 3333 Cattlemen Rd # 106 |
| City State Zip | Sarasota FL 34232       |

|                |                            |
|----------------|----------------------------|
| Title          | V                          |
| Name           | Satya, TK                  |
| Street Address | 3231 Gulf Gate Drive # 101 |
| City State Zip | Sarasota FL 34231          |

|                |                            |
|----------------|----------------------------|
| Title          | V                          |
| Name           | Satya, Yemuna              |
| Street Address | 3231 Gulf Gate Drive # 101 |
| City State Zip | Sarasota FL 34231          |