


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000001398	
1. Entity Name COASTAL INTERNAL MEDICINE, P.A.	

Principal Place of Business 74 16TH STREET APPALACHICOLA, FL 32320	Mailing Address 74 16TH STREET APPALACHICOLA, FL 32320
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3550050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NITSIOS, HELEN DR 74 16TH STREET APPALACHICOLA, FL 32320	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NITSIOS, HELEN 74 16TH STREET APPALACHICOLA, FL 32320
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04/20/05-80086-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: _____	Date 4-18-05	Daytime Phone # (850) 653-8600
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