

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 689801

Entity Name: COASTAL CARDIOVASCULAR AND THORACIC ASSOCIATES,
P.A.**FILED**
Jan 03, 2013
Secretary of State
CC9864477565**Current Principal Place of Business:**588 STERTHAUS AVE
ORMOND BEACH, FL 32174-5128**Current Mailing Address:**588 STERTHAUS AVE
ORMOND BEACH, FL 32174-5128 US**FEI Number: 59-2028748****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JOHNSON, III, WILLIAM H M.D.
588 STERTHAUS AVE
ORMOND BEACH, FL 32174-5128 US*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:** WILLIAM H. JOHNSON, III, M.D.**01/03/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------------|
| Title | PD |
| Name | JOHNSON, III, WILLIAM H M.D. |
| Address | 410 MAIN TR |
| City-State-Zip: | ORMOND BEACH FL 32174 |

| | |
|-----------------|-----------------------|
| Title | VP1D |
| Name | WUAMETT, JAMES D M.D. |
| Address | 769 S BEACH ST |
| City-State-Zip: | ORMOND BEACH FL 32174 |

| | |
|-----------------|-----------------------|
| Title | VP2D |
| Name | HOLT, JOHN B M.D. |
| Address | 182 RIVERSIDE DR |
| City-State-Zip: | ORMOND BEACH FL 32176 |

| | |
|-----------------|-----------------------|
| Title | SECD |
| Name | LITKE, BRADLEY S M.D. |
| Address | 400 LEEWAY TR |
| City-State-Zip: | ORMOND BEACH FL 32174 |

| | |
|-----------------|-----------------------|
| Title | TRSD |
| Name | DESAI, UTPAL S M.D. |
| Address | 227 FAIRWAY DR |
| City-State-Zip: | ORMOND BEACH FL 32176 |

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM H. JOHNSON, III, M.D.**PRESIDENT****01/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date