

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 689801

Entity Name: COASTAL CARDIOVASCULAR AND THORACIC ASSOCIATES,
P.A.**FILED**
Feb 03, 2014
Secretary of State
CC1169669183**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.**02/03/2014**

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

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

Title	TRSSECD
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****02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date