

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 689801

**Entity Name:** COASTAL CARDIOVASCULAR AND THORACIC ASSOCIATES,  
P.A.

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC6472438973**

**Current Principal Place of Business:**

588 STERTHAUS DR  
ORMOND BEACH, FL 32174-5128

**Current Mailing Address:**

588 STERTHAUS DR  
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 DR  
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.

**01/25/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	VPD
Name	JOHNSON, III, WILLIAM H M.D.	Name	HOLT, JOHN B M.D.
Address	410 MAIN TR	Address	182 RIVERSIDE DR
City-State-Zip:	ORMOND BEACH FL 32174	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**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date