

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000080247

**Entity Name:** COASTAL PHYSICIANS, INC

**Current Principal Place of Business:**

811 DEL PRADO BLVD S, SUITE B  
CAPE CORAL, FL 33990

**Current Mailing Address:**

811 DEL PRADO BLVD S, SUITE B  
CAPE CORAL, FL 33990 US

**FEI Number:** 84-2069211

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAPMAN, ERICA ESQ.  
811 DEL PRADO BLVD S, SUITE B  
CAPE CORAL, FL 33990 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name CHAPMAN, ERICA  
Address 811 DEL PRADO BLVD S, SUITE B  
City-State-Zip: CAPE CORAL FL 33990

*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:** ERICA CHAPMAN

**DIRECTOR**

**03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date