2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P01000009582

Entity Name: COAST TO COAST MEDICAL, INC.

Current Principal Place of Business:

4960 SW 52ND ST
STE 411
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4960 SW 52ND ST
STE 411
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-1075098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEDRIN, VLADISLAV
8219 NW 8TH ST
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHEDRIN, DIANA
Address: 8219 NW 8TH ST
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Delete
Name: SCHEDRIN, VERA
Address: 1780 NE 191ST ST #200-2
City-St-Zip: N MIAMI BCH, FL 33179

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHEDRIN, DIANA J
Address: 8219 NW 8TH ST
City-St-Zip: PLANTATION, FL 33324

Title: VP (X) Change ( ) Addition
Name: SCHEDRIN, VERA K
Address: 1780 NE 191ST ST #200-2
City-St-Zip: N MIAMI BCH, FL 33179

Title: T ( ) Change (X) Addition
Name: SCHEDRIN, PAVIL V
Address: 7703 29TH ST W
City-St-Zip: UNIVERSITY PLACE, WA 98466

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANA SCHEDRIN P 03/19/2009

Electronic Signature of Signing Officer or Director — Date