2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State
06-02-2005 90003 024 ***150.00

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1. Entity Name
COASTAL CARE NURSING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
291 PALMETTO DR. VENICE, FL 34293	291 PALMETTO DR. VENICE, FL 34293

03222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1525 S. Tamiami TRAIL	
Suite, Apt. #, etc. 603	Suite, Apt. #, etc.
City & State Venice Fl	City & State
Zip 34285 Country Sarasota	Zip Country

4. FEI Number 42-1609443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEREN, DEBORAH
291 PALMETTO DR.
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name Victoria Pettograsso
Street Address (P.O. Box Number is Not Acceptable) 633 Apalachicola Rd
City Venice FL Zip Code 34285

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Victoria Pettograsso 4-5-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DEREN, DEBORAH		NAME	
STREET ADDRESS	291 PALMETTO DR.		STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETTOGRASSO, VICTORIA L		NAME	
STREET ADDRESS	633 APALACHICOLA RD.		STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victoria Pettograsso 4-5-05 (941) 492-1474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #