2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 14, 2008 8:00 am Secretary of State **DOCUMENT # P07000019909** 03-14-2008 90029 038 ***150.00 COASTAL INTEGRATIVE THERAPIES INC. Principal Place of Business Mailing Address 44049601 15875 CUTTERS CT 15875 CUTTERS CT FT MYERS, FL 33908 FT MYERS, FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 мау Вө Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DCFO ☐ Delete DILE Change Addition NAME REDSICKER, RICHARD H NAME 15875 CUTTERS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZP TITLE TITLE Detete Change Addition NAME REDSICKER, RICHARD H NAME STREET ADDRESS 15875 CUTTERS CT STREET ADORESS CITY-ST-7P FT MYERS, FL 33908 CITY-ST-ZP **DCFO** TITLE ☐ Delete TITLE [7] Change noilibhA [T] REDSICKER, SUSAN NAME NAME STREET ADDRESS 15875 CUTTERS CT STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZP TITLE ☐ Delete TITLE Change Addition NAME REDSICKER, SUSAN NAME STREET ADDRESS 15875 CUTTERS CT STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7P 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 fitting does not qualify for the exemptions contained 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 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.

OF SIGNING OFFICER OR DIRECTOR

FILED

508-717-973Z

Daytime Phone #