

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90055 027 \*\*\*150.00



**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000013067**

1. Corporation Name  
**COASTAL MEDICAL RESEARCH INC.**



Principal Place of Business Mailing Address  
 2701 S RIDGEWOOD 2701 S RIDGEWOOD  
 C-3 C-3  
 S DAYTONA FL 32119 S DAYTONA FL 32119  
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/08/1996**

4. FEI Number  
**59-3358441**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
~~MARCY, C. RONALD~~ *Ronald Mary is no longer an office of this company*  
 2701 S RIDGEWOOD C-3  
 S DAYTONA FL 32119

10. Name and Address of New Registered Agent  
 81 Name **TRISH HARDEE**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2701 S. RIDGEWOOD C-3**  
 83  
 84 City **S. DAYTONA** FL 85 Zip Code **32119**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
 SIGNATURE *Trish Hardee* *Hardee* DATE **3/18/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUILLEM, ALVARO F.	
STREET ADDRESS	217 ROYAL VIEW	
CITY-ST-ZIP	PITTSFORD NY 14534	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDEE, TRISH	
STREET ADDRESS	1721 ORANGETREE DR.	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR OF FINANCE AND ADMINISTRATION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY A. GUILLEM	
1.3 STREET ADDRESS	217 ROYAL VIEW, PITTSFORD, NY 14534	
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alvaro Guillem* ALVARO GUILLEM, 3-15-99 (716) 742-2446  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)