FILED

1-30-02 3/7 596-3320
Date Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # S16644 1. Entity Name COAST MEDICAL, INC.					Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90152 035 ***150.00	
Principal Place	e of Business	Mailing Address				
	BLVD. BLDG B. #10 DTTE FL 33990	1060 DELACROIX CR NOKOMIS FL 34275 US				
•	lace of Business	Mailing Address 1060 DELACROIX CR NOKOMIS FL 34275 US 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State File Number Country Street Address of New Registered Agent Name Street Address of New Registered Agent Nam				
Suite, Apt.			TIUPAGU	WITT	DO NOT WRITE IN THIS SPACE	
City & State	HERS IN	City & State	IN		CE_000117C	
Zin	138 Country USA	Zip	Country	7	5. Certificate of Status Desired 7 \$8.75 Additional	
	6. Name and Address of Current R	legistered Agent	Citation 101			
Brower, 1060 Dela Nokomis	ACRIOX CIRCLE			Stew dgesse		
	Λ		City	San	ISATA Venice FL Zig Code	
8. The above	rarried enlity submits this statement for	SOV	2 A)	r registered	d agent, or both, in the State of Florida.	
9. This corpor Tax filing re (See criteria	After May 1, 200	2 Fee will be \$5	550.90 /	Trust Fund Contribution		
11.	OFFICERS AND D	PIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME . STREET ADDRESS	PDV BROWER, MATT 1060 DELCROIX CIRCLE NOKOMIS FL	□ Delete	NAME Street Address	1241 F1:	61 ANCHORAGE WAY CHANGE Addi SHERS IN 46038	
STREET ADDRESS	ST BROWER, ELIZABETH A. 1060 DELACROIX CIRCLE NOKOMIS FL	☐ Delete	NAME STREET ADDRESS	1241 F15	61 ANCHORAGE WAY address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME Street address	-	☐ Change ☐ Addi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addii	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	^	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addit	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME TIT	ertify that the information supplied with the information supplied	☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemption states a signature shall be	ed in Section	Change A Change A Change A Change A	