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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 03 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## P96000013067 (9) DOCUMENT #

COASTAL MEDICAL RESEARCH INC.

Principal Place of Business Mailing Address 2701 & RIDGEWOOD 2701 S RIDGEWOOD S DAYTONA FL 32119 8 DAYTONA FL 32119 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 02/08/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3358441 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Žip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 MARCY, C. RONALD Name 2701 S RIDGEWOOD C-3 82 Street Address (P.O. Box Number is Not Acceptable) S DAYTONA FL 32119 83 City 84 Zip Code 85 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) (10/97)OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change 1.1 TITLE MARCY, C. RONALD NAME 1.2 NAME NO Longer Director NO Longer President CRZE034 1721 ORANGETREE DR. STREET ADDRESS 1.3 STREET ADDRESS **EDGEWATER FL 32132** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HARDEE, TRISH NAME 2.2 NAME 1721 ORANGETREE DR. STREET ADDRESS 2.3 STREET ADDRESS **EDGEWATER FL 32132** CITY-ST-ZIP 2. 4 CITY - ST - ZIP President-Director DELETE Addition TITLE 3.1 TITLE ☐ Change NAME 3.2 NAME AWARO F. Guillem STREET ADDRESS 217 Royal View 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Pitts Ford DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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. ALVARO F GUILLEM 2/20198716-742-2446 SIGNATURE: