

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046491

Entity Name: COASTAL THERAPY & LEARNING CENTER, INC.

Current Principal Place of Business:

2730 ISABELLA BLVD
SUITE 10
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

2730 ISABELLA BLVD
SUITE 10
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-3715086

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TURNER, NANCY
2730 ISABELLA BLVD
SUITE 10
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P D
Name TURNER, NANCY
Address 2730 ISABELLA BLVD
City-State-Zip: JACKSONVILLE BEACH FL 32250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY TURNER

OFFICER

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date