2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2014
Secretary of State
CC0891632119

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Entity Name: COASTAL INTEGRATIVE THERAPIES INC.

Current Principal Place of Business:

15875 CUTTERS CT
FT MYERS, FL 33908

Current Mailing Address:

15875 CUTTERS CT
FT MYERS, FL 33908

FEI Number: 20-8445493

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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	DCEO	Title	PS
Name	REDSICKER, RICHARD H	Name	REDSICKER, RICHARD H
Address	15875 CUTTERS CT	Address	15875 CUTTERS CT
City-State-Zip:	FT MYERS FL 33908	City-State-Zip:	FT MYERS FL 33908
Title	DCFO	Title	VT
Name	REDSICKER, SUSAN	Name	REDSICKER, SUSAN
Address	15875 CUTTERS CT	Address	15875 CUTTERS CT
City-State-Zip:	FT MYERS FL 33908	City-State-Zip:	FT MYERS FL 33908

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: RICHARD H REDSICKER PS 04/23/2014

Electronic Signature of Signing Officer/Director Detail — Date