

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000041762

**Entity Name:** COASTAL CARE SERVICES, INC.

**Current Principal Place of Business:**

7875 NW 12TH STREET  
SUITE 200  
DORAL, FL 33126

**Current Mailing Address:**

7875 NW 12TH STREET  
SUITE 200  
DORAL, FL 33126 US

**FEI Number:** 47-3943931

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY, 4TH FLOOR  
MIAMI, FL 33145 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	VC	Title	T
Name	GARCIA, YSEL	Name	FORTE, YHANEYA
Address	7875 NW 12TH STREET SUITE 200	Address	7875 NW 12TH STREET SUITE 200
City-State-Zip:	DORAL FL 33126	City-State-Zip:	DORAL FL 33126

*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:** YHANEYA FORTE

**TREASURER**

**04/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date