

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000032725

Entity Name: COASTAL MEDICAL DEVICE SOLUTIONS INC

Current Principal Place of Business:

19 PADDOCK CIRCLE
JUPITER, FL 33469

Current Mailing Address:

19 PADDOCK CIRCLE
JUPITER, FL 33469

FEI Number: 82-5142671

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FINANCE & TECHNOLOGY CONSULTANTS INC
224 DATURA STREET
SUITE 1012
WEST PALM BEACH, FL 33401 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
Name MONTEIRO, JUSTIN
Address 19 PADDOCK CIRCLE
City-State-Zip: JUPITER FL 33469

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: JUSTIN MONTEIRO

PRESIDENT

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date