2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# F03000006139

Entity Name: COASTAL CLINICAL AND MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

854 MONTGOMERY AVE, 2ND FLOOR
NARBERTH, PA 19072

New Principal Place of Business:

33 ROCK HILL ROAD
SUITE 350
BALA CYNWYD, PA 19004

Current Mailing Address:

854 MONTGOMERY AVE, 2ND FLOOR
NARBERTH, PA 19072

New Mailing Address:

33 ROCK HILL ROAD
SUITE 350
BALA CYNWYD, PA 19004

FEI Number: 23-2950335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: MUTCH, JULIA M
Address: 33 PLAYERS CLUB VILLAS
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIA M. MUTCH CP 01/13/2006

Electronic Signature of Signing Officer or Director — Date