2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006139

Entity Name: COASTAL CLINICAL AND MANAGEMENT SERVICES, INC.

FILED Jan 15, 2009 Secretary of State

Current Prin	cipal Pla	ce of Business:	New Principal Place of	New Principal Place of Business:	
33 ROCK HIL SUITE 350 BALA CYNW		9004			
Current Mail	ling Add	ess:	New Mailing Address:		
33 ROCK HIL SUITE 350 BALA CYNW		9004			
FEI Number: 23	3-2950335	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and A	ddress o	f Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US			1201 HAYS STREET	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US	
The above na in the State of		ry submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATURE	: ANN R	. SHILLING		01/15/2009	
	Elect	onic Signature of Registered A	Agent	Date	
Election Campa	aign Finand	ing Trust Fund Contribution ().			
OFFICERS A	AND DIRI	ECTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: C	CP CP	() Delete	Title: () Change () Addition	

MUTCH, JULIA M Name: Name:

33 PLAYERS CLUB VILLAS Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 MUTCH CP 01/15/2009