


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G00495</b> 1. Entity Name COASTAL ORTHOPEDIC, INC.	
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Principal Place of Business 510 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34953	Mailing Address 510 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34953
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<b>DO NOT WRITE IN THIS SPACE</b>
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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2222808	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PERRETTA, JOSEPH 510 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34953
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRETTA, JOSEPH P. 510 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34953
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<p>000000561299 05/19/06-80009-001 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u>JOSEPH PERRETTA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>05-29-06</u> <small>Date</small>	<u>(772) 871-9200</u> <small>Daytime Phone #</small>
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