


2008 FOR PROFIT CORPORATION ANNUAL REPORT

01-22-2008 90052 025 ***150.00

FILE#00495
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -3 PM 12:24

DOCUMENT # G00495	
1. Entity Name Coastal Orthopedic, Inc.	

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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2222808

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PERRETTA, JOSEPH 510 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRETTA, JOSEPH P. 510 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: 

16 Jan 08 (772) 871.9200

Per conversation with Ms. Nancy Perretta ^{Page 2} on
7/2/08 the notice to correct Annual report was
not receive And would like name to remain
Coastal Orthopedic Inc.

TS. 7/2/08