

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

53 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J53582** (9)

The Corporation Name:

COASTAL HEALTHCARE ENTERPRISES, INC.

Principal Place of Business:

13 S.E. 16TH ST.
P.O. BOX 39264
FT. LAUDERDALE FL 33316
US

Principal Address:

13 S.E. 16TH ST.
P.O. BOX 39264
FT. LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/23/1987

3a. Date of Last Report
08/16/1994

4. FIC Number
65-0000578

Applied Fee
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Fund Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Does the corporation have a subsidiary corporation? ☒ Yes ☐ No

Florida Statute: ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GUPTA, M.P.
13 S.E. 16TH ST.
P.O. BOX 39264
FORT LAUDERDALE FL 33316

81. Name:

82. Street Address (Do Not Number or Not Acceptable)

83. City:

84. State:

FL

85. Zip Code:

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Division of Corporations, Department of State, at Tallahassee, Florida, on this 16th day of August, 1995.

12. Signature of Officer:

DP
GUPTA, M.P.
13 S.E. 16TH ST.
FT. LAUDERDALE FL 33316

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND SHAREHOLDERS:

NAME	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	2. STREET ADDRESS	☐ Change ☐ Addition
CITY	3. CITY	☐ Change ☐ Addition
STATE	4. STATE	☐ Change ☐ Addition
ZIP CODE	5. ZIP CODE	☐ Change ☐ Addition
NAME	6. NAME	☐ Change ☐ Addition
STREET ADDRESS	7. STREET ADDRESS	☐ Change ☐ Addition
CITY	8. CITY	☐ Change ☐ Addition
STATE	9. STATE	☐ Change ☐ Addition
ZIP CODE	10. ZIP CODE	☐ Change ☐ Addition
NAME	11. NAME	☐ Change ☐ Addition
STREET ADDRESS	12. STREET ADDRESS	☐ Change ☐ Addition
CITY	13. CITY	☐ Change ☐ Addition
STATE	14. STATE	☐ Change ☐ Addition
ZIP CODE	15. ZIP CODE	☐ Change ☐ Addition

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SIGNATURE:

[Handwritten Signature]

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