

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M32919

FILED
Apr 26, 2011
Secretary of State

Entity Name: COASTAL REHABILITATION SERVICES, INC.

Current Principal Place of Business:

1717 N. FLAGLER DR.
SUITE # 8
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

2549 KITTBUCK WAY
WEST PALM BEACH, FL 33411 US

Current Mailing Address:

1717 N. FLAGLER DR.,
SUITE # 8
WEST PALM BEACH, FL 33407 US

New Mailing Address:

2549 KITTBUCK WAY
WEST PALM BEACH, FL 33411 US

FEI Number: 59-2705377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCELLE, MILLER M
1717 N. FLAGLER DR.,
SUITE # 8
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

MARCELLE, MILLER M
2549 KITTBUCK WAY
WEST PALM BEACH, FL 33411 US

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: MARCELLE M MILLER

04/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MILLER, PADGETT
Address: 2549 KITTBUCK WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD
Name: MILLER, MARCELLE MJ
Address: 2549 KITTBUCK WAY
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: MARCELLE M MILLER

SD

04/26/2011

Electronic Signature of Signing Officer or Director

Date