

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008512

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** COAST THERAPEUTIC SERVICES, INC.

**Current Principal Place of Business:**

145 108TH AVENUE  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

145 108TH AVENUE  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

**FEI Number:** 27-0864303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPARDLIN, NICK J  
THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY, SUITE 110  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SCHWARZ, MATTHEW  
**Address:** 145 108TH AVENUE  
**City-St-Zip:** TREASURE ISLAND, FL 33706

**Title:** SD  
**Name:** FEDINA, KARLA  
**Address:** 145 108TH AVENUE  
**City-St-Zip:** TREASURE ISLAND, FL 33706

**Title:** TD  
**Name:** ZANGLA, ANTHONY  
**Address:** 145 108TH AVENUE  
**City-St-Zip:** TREASURE ISLAND, FL 33706

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MATTHEW B SCHWARZ

PD

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date