

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 12, 2009
Secretary of State

DOCUMENT# N94000004613

Entity Name: INTRACOASTAL HEALTH SYSTEMS, INC.**Current Principal Place of Business:**3805 WEST CHESTER PIKE
100
NEWTOWN SQUARE, PA 19073**New Principal Place of Business:**2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411**Current Mailing Address:**3805 WEST CHESTER PIKE
100
NEWTOWN SQUARE, PA 19073**New Mailing Address:**2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411**FEI Number:** 65-0556413**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WEBBER, DALE S ESQ
401 E. JACKSON ST.
STE. 2500
TAMPA, FL 33602 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:** CD () Delete
Name: RUSSELL, DANIEL F
Address: 3805 WEST CHESTER PIKE, SUITE 100
City-St-Zip: NEWTOWN SQUARE, PA 19073**Title:** STD () Delete
Name: RUSSELL, C. KENT
Address: 3805 WEST CHESTER PIKE, SUITE 100
City-St-Zip: NEWTOWN SQUARE, PA 19073**Title:** PD () Delete
Name: STANEK, ROBERT V
Address: 3805 WEST CHESTER PIKE, SUITE 100
City-St-Zip: NEWTOWN SQUARE, PA 19073**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT V. STANEK

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date