

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 28, 2011
Secretary of State**

DOCUMENT# N94000004613

Entity Name: INTRACOASTAL HEALTH SYSTEMS, INC.

Current Principal Place of Business:

2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2101 VISTA PARKWAY
243
WEST PALM BEACH, FL 33411

New Mailing Address:

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: C&P
Name: STANEK, ROBERT
Address: 3805 WEST CHESTER PIKE, SUITE 100
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: T&D
Name: DEANGELIS, PETER L JR.
Address: 3805 WEST CHESTER PIKE, SUITE 100
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: S&D
Name: HEMSLEY, MICHAEL C ESQ.
Address: 3805 WEST CHESTER PIKE, SUITE 100
City-St-Zip: NEWTOWN SQUARE, PA 19073

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: MICHAEL C. HEMSLEY, ESQ.

S&D

01/28/2011

Electronic Signature of Signing Officer or Director

Date