

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080790

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: COASTAL MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

13009 LOBLOLLY LANE S  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

13009 LOBLOLLY LANE S  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 59-3675750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATERER, GEOFFREY H  
13009 LOBLOLLY LANE S  
JACKSONVILLE, FL 32246 US

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

WATERER, CONNIE B  
13009 LOBLOLLY LANE S  
JACKSONVILLE, FL 32246 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: CONNIE B. WATERER

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: WATERER, GEOFFREY H  
Address: 13009 LOBLOLLY LANE S.  
City-St-Zip: JACKSONVILLE, FL 32246 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WATERER, CONNIE B  
Address: 13009 LOBLOLLY LANE S.  
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE B. WATERER

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date