2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# P00000080790

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, CONNIE B
13009 LOBLOLLY LANE S
JACKSONVILLE, FL 32246 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 04/11/2008

Electronic Signature of Signing Officer or Director Date