

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000108263</b>                   |  |
| 1. Entity Name<br>COASTAL ORTHOPEDIC SALES, INC. |                                                                                   |

|                                                                               |                                                                                  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br>1800 WEST 49 STREET<br>217<br>HALEAH, FL 33012 | Mailing Address<br>250 S. HOLLYBROOK TERR. #104<br>PEMBROKE PINES, FL 33025-1200 |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

WAXMAN, ALBERT  
250 S. HOLLYBROOK TERR. #104  
PEMBROKE PINES, FL 33025-1200

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

|                                                                                                                 |                                                              |            |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|

|                                                                                     |                                                                                                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WAXMAN, ALBERT<br>250 S. HOLLYBROOK TERR. #104<br>PEMBROKE PINES, FL 330251200  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WAXMAN, LILLIAN<br>250 S. HOLLYBROOK TERR. #104<br>PEMBROKE PINES, FL 330251200 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|                                                                                   |           |                     |                                |
|-----------------------------------------------------------------------------------|-----------|---------------------|--------------------------------|
| SIGNATURE: <u>AL WAXMAN</u>                                                       | AL WAXMAN | 4/7/06              | 305-819-0092                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |           | <small>Date</small> | <small>Daytime Phone #</small> |