2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# P00000108263

Entity Name: COASTAL ORTHOPEDIC SALES, INC.

Current Principal Place of Business:

250 S. HOLLYBROOK TERR. #104
APT. 104
PEMBROKE PINES, FL 330251200

New Principal Place of Business:

250 S. HOLLYBROOK TERR.
APT. 104
PEMBROKE PINES, FL 330251200 US

Current Mailing Address:

250 S. HOLLYBROOK TERR. #104
APT. 104
PEMBROKE PINES, FL 330251200

New Mailing Address:

250 S. HOLLYBROOK TERR. #104
APT. 104
PEMBROKE PINES, FL 330251200 US

FEI Number: 65-1058501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAXMAN, ALBERT
250 S. HOLLYBROOK TERR. #104
PEMBROKE PINES, FL 330251200 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: PRES
Name: WAXMAN, ALBERT
Address: 250 S. HOLLYBROOK TERR. #104
City-St-Zip: PEMBROKE PINES, FL 330251200

Title: V
Name: WAXMAN, LILLIAN
Address: 250 S. HOLLYBROOK TERR. #104
City-St-Zip: PEMBROKE PINES, FL 330251200

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT WAXMAN PRES 03/22/2011

Electronic Signature of Signing Officer or Director — Date