## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000108263

Entity Name: COASTAL ORTHOPEDIC SALES, INC.

250 S. HOLLYBROOK TERR. #104

PEMBROKE PINES, FL 330251200

Address:

City-St-Zip:

FILED Feb 26, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2480 WEST 82ND STREET HIALEAH, FL 33016 **Current Mailing Address: New Mailing Address:** 250 S. HOLLYBROOK TERR. #104 PEMBROKE PINES, FL 330251200 FEI Number: 65-1058501 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAXMAN, ALBERT 250 S. HOLLYBROOK TERR. #104 PEMBROKE PINES, FL 330251200 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WAXMAN, ALBERT Name: Name: 250 S. HOLLYBROOK TERR. #104 Address: Address: City-St-Zip: PEMBROKE PINES, FL 330251200 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: WAXMAN, LILLIAN Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBERT WAXMAN P 02/26/2003