2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# P01000082401

Entity Name: COASTAL NURSECARE OF FLORIDA, INC.

Current Principal Place of Business:

6400 N. DAVIS HWY.
SUITE 7
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

3216 SHRINE RD.
BRUNSWICK, GA 31520

New Mailing Address:

FEI Number: 59-3739723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVENPORT, MITCHELL F
6400 N. DAVIS HWY, STE 7
PENSACOLA, FL 32504 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: D
Name: DAVENPORT, LEE F
Address: 3216 SHRINE RD.
City-St-Zip: BRUNSWICK, GA 31520

Title: D
Name: DAVENPORT, EMILY C
Address: 3216 SHRINE RD.
City-St-Zip: BRUNSWICK, GA 31520

Title: D
Name: DAVENPORT, MITCHELL F
Address: 6400 N. DAVIS HWY ,STE 7
City-St-Zip: PENSACOLA, FL 32504

Title: D
Name: DAVENPORT, ANDREW C
Address: 2600 HIGHLAND AVE.
City-St-Zip: BIRMINGHAM, AL 335205

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: LEE F. DAVENPORT PRES 02/16/2010

Electronic Signature of Signing Officer or Director Date