

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020986

FILED
Apr 22, 2008
Secretary of State

Entity Name: COASTAL BEHAVIORAL THERAPY, INC.

Current Principal Place of Business:

590 SOLUTIONS WAY
SUITE 110
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

590 SOLUTIONS WAY
SUITE 110
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 75-3007743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAVALETA, ISIDRO
590 SOLUTIONS WAY
SUITE 110
ROCKLEDGE, FL 32955 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: P () Delete
Name: ZAVALETA, ISIDRO
Address: 3029 COPPOLA WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: V () Delete
Name: ZAVALETA, REBECCA
Address: 3029 COPPOLA WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D (X) Delete
Name: HARLAN, KATHERINE
Address: 1242 OLD MILLPOND RD
City-St-Zip: MELBOURNE, FL 32940 US

Title: T () Delete
Name: MALATINO, JOHN
Address: 4914 PINOT ST
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: S () Delete
Name: PEAKE-DIBERNARDO, LEIGH
Address: 3791 CHARDONNAY DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ZAVALETA, REBECCA
Address: 3029 COPPOLA WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ISIDRO ZAVALETA

P

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date