

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90148 027 \*\*\*158.75

<b>DOCUMENT # P02000039749</b>																																																																																																											
<b>1. Entity Name</b> COASTAL MEDICAL STAFFING INC.																																																																																																											
<b>Principal Place of Business</b> 720 RIVIERA DRIVE NE PALM BAY, FL 32905			<b>Mailing Address</b> 720 RIVIERA DRIVE NE PALM BAY, FL 32905																																																																																																								
<b>2. Principal Place of Business</b> 4670 LIPScomb ST. NE		<b>3. Mailing Address</b> 4670 LIPScomb ST. NE																																																																																																									
Suite, Apt. #, etc. SUITE 9		Suite, Apt. #, etc. SUITE 9		04032005    Chg-P    CR2E034 (10/03)																																																																																																							
City & State PALM BAY, FL		City & State PALM BAY, FL		<b>4. FEI Number</b> 63-1256408																																																																																																							
Zip 32905		Country U.S.A		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																							
<b>6. Name and Address of Current Registered Agent</b>  DADA, OLUFEMI M 720 RIVIERA DRIVE NE PALM BAY, FL 32905			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code																																																																																																								
<b>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.</b> SIGNATURE:     DATE: 4/26/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P DADA, OLUFEMI M 720 RIVIERA DRIVE NE PALM BAY, FL 32905</td> <td style="width: 20%; padding: 2px; text-align: right;">Delete <input type="checkbox"/></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V DADA, FRANCIETTA S 720 RIVIERA DRIVE NE PALM BAY, FL 32905</td> <td style="padding: 2px; text-align: right;">Delete <input type="checkbox"/></td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px; text-align: right;">Delete <input type="checkbox"/></td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px; text-align: right;">Delete <input type="checkbox"/></td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P DADA, OLUFEMI M 720 RIVIERA DRIVE NE PALM BAY, FL 32905	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	V DADA, FRANCIETTA S 720 RIVIERA DRIVE NE PALM BAY, FL 32905	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>																																																																																																											
<b>SIGNATURE:</b> <b>OLUFEMI M. DADA</b> DATE: 4/26/05    DAYTIME PHONE #: 321-956-0840 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																											