

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000058224

1. Entity Name
COAST TO COAST HEALTHCARE SOLUTIONS, INC.



Principal Place of Business
**99 NW 183RD STREET
SUITE 101
MIAMI, FL 33169**

Mailing Address
**99 NW 183RD STREET
SUITE 101
MIAMI, FL 33169**



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0702508

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LINDO, ANDREA
8416 MISSIONWOOD CIRCLE N
MIRAMAR, FL 33025**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000749963
05/18/07-80044-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JACKSON, JUDY P
STREET ADDRESS 800 NE 195 STREET #107
CITY-ST-ZIP N. MIAMI, FL 33179

TITLE VD
NAME LINDO, ANDREA
STREET ADDRESS 8416 MISSIONWOOD CIRCLE N
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE VD
NAME ARRINGTON, JENNIFER
STREET ADDRESS 555 BAHAMA
CITY-ST-ZIP INDIALANTIC, FL 33103

TITLE SEC
NAME JACKSON, JUDY P
STREET ADDRESS 800 NE 195 STREET #107
CITY-ST-ZIP N. MIAMI, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Judy P Jackson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07
Date Daytime Phone #