

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058224

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: COAST TO COAST HEALTHCARE SOLUTIONS, INC.

## Current Principal Place of Business:

561 NW 183 STREET  
MIAMI, FL 33169

## New Principal Place of Business:

## Current Mailing Address:

561 NW 183 STREET  
MIAMI, FL 33169

## New Mailing Address:

FEI Number: 01-0702508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LINDO, ANDREA  
8416 MISSIONWOOD CIRCLE N  
MIRAMAR, FL 33025 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: PD ( ) Delete  
Name: JACKSON, JUDY P  
Address: 800 NE 195 STREET #107  
City-St-Zip: N. MIAMI, FL 33179

Title: VD ( ) Delete  
Name: LINDO, ANDREA  
Address: 8416 MISSIONWOOD CIRCLE N  
City-St-Zip: MIRAMAR, FL 33025

Title: VD ( ) Delete  
Name: ARRINGTON, JENNIFER  
Address: 555 BAHAMA  
City-St-Zip: INDIALANTIC, FL 33103

Title: SEC ( ) Delete  
Name: JACKSON, JUDY P  
Address: 800 NE 195 STREET #107  
City-St-Zip: N. MIAMI, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JUDY P. JACKSON ARNP

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date