

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000089245

FILED
Apr 02, 2003
Secretary of State

Entity Name: COASTAL MEDICAL MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

8162 NAVARRE PKWY.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

8162 NAVARRE PKWY.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 48-1271073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUGLIOTTA, RONALD A
2012 COSTA VERDE CT.
NAVARRE, FL 32566

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: VS () Delete
Name: GUGLIOTTA, GINGER A
Address: 2012 COSTA VERDE CT.
City-St-Zip: NAVARRE, FL 32566

Title: V () Delete
Name: GUGLIOTTA, TONI M
Address: 2075 FOUNTAINVIEW DR.
City-St-Zip: NAVARRE, FL 32566

Title: P () Delete
Name: GUGLIOTTA, RON
Address: 2012 COSTA VERDE CT.
City-St-Zip: NAVARRE, FL 32566

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RON GUGLIOTTA

P

04/02/2003

Electronic Signature of Signing Officer or Director

_____ Date