


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90396 050 \*\*\*150.00

**DOCUMENT # P0300084458**

1. Entity Name  
 COAST TO COAST MEDICAL CONSULTING, INC.



Principal Place of Business  
 1009 BRISTOL LAKES ROAD  
 MOUNT DORA, FL 32757

Mailing Address  
 1009 BRISTOL LAKES ROAD  
 MOUNT DORA, FL 32757



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 1076  
 Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State  
 MT DORA, FL

City & State  
 MT DORA, FL

Zip Country  
 32756-1076 Country

4. FEI Number  
 54-2120256

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 SCHAEFER, DEBORAH N  
 1009 BRISTOL LAKES ROAD  
 MOUNT DORA, FL 32757

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAEFER, DEBORAH N	
STREET ADDRESS	POST OFFICE BOX 1076	
CITY-ST-ZIP	MOUNT DORA, FL 32756	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAEFER, L ALLAN	
STREET ADDRESS	POST OFFICE BOX 1076	
CITY-ST-ZIP	MOUNT DORA, FL 32756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: S. Schaefer Date: 4/27/04 Daytime Phone #: 407-886-4331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR