2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P03000157358

Entity Name: COASTLINE MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

7024 CHARLESTON SHORES BLVD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7024 CHARLESTON SHORES BLVD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-0558542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIDKY, RICK
7024 CHARLESTON SHORES BLVD
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

RIDKY, RICHARD J DR
7024 CHARLESTON SHORES BLVD
LAKE WORTH, FL 33467

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: RICHARD RIDKY 04/27/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RIDKY, RICK
Address: 7024 CHARLESTON SHORES BLVD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: RIDKY, RICHARD J DR
Address: 7024 CHARLESTON SHORES BLVD
City-St-Zip: LAKE WORTH, FL 33467

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: RICHARD RIDKY PSTD 04/27/2004
Electronic Signature of Signing Officer or Director Date