


FILED  
Apr 28, 2008 8:00 am  
Secretary of State

04-28-2008 90345 025 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000011434</b>			
1. Entity Name <b>COASTAL CARE NURSING ASSOCIATES, INC.</b>			
Principal Place of Business <b>238 TAMiami TrL LS VENICE, FL 34285</b>		Mailing Address <b>238 TAMiami TrL LS VENICE, FL 34285</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>42-1609443</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		- \$8.75 Additional - Fee Required	
6. Name and Address of Current Registered Agent <b>PETTOGRASSO, VICTORIA 638 APALACHICOLA RD VENICE, FL 34285</b> <i>7165 Captain Kidd Ave Sarasota FL 34231</i>		7. Name and Address of New Registered Agent Name <i>Pettograsso Victoria</i> Street Address (P.O. Box Number is Not Acceptable) <i>7165 Captain Kidd Ave</i> City <i>Sarasota</i> <b>FL</b> Zip Code <i>34231</i>	
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 <i>Victoria Pettograsso</i> DATE <i>4/22/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PETTOGRASSO, VICTORIA L</b> <i>325 WAXFORD DR 7165 Captain Kidd Ave VENICE, FL 34293 Sarasota FL 34231</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Victoria Pettograsso</i> <i>7165 Captain Kidd Ave</i> <i>Sarasota FL 34231</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Victoria Pettograsso</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-22-08</i> Daytime Phone # <i>941/3210720</i>	