

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000011434

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** COASTAL CARE NURSING ASSOCIATES, INC.

**Current Principal Place of Business:**

871 VENETIA BAY BLVD., STE 230  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

871 VENETIA BAY BLVD., STE 230  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 42-1609443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETTOGRASSO, VICTORIA  
238 TAMiami TRAIL S  
VENICE, FL 34275 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PETTOGRASSO, VICTORIA  
Address: 238 TAMiami TRAIL S  
City-St-Zip: VENICE, FL 34285

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA PETTOGRASSO

CEO

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date